Adaptive Diver Registry Form

To Be Completed By The Adaptive Diver, Parent, or Guardian

ADAPTIVE DIVER INFORMATION					
First Name:		Last Name:	M.I.		Birthdate: mm/dd/yyyy / /
Weight: lbs.	Height: ft/in	Shoe Size:	Shirt Size:	☐ Married ☐ Single	Sex: ☐ M ☐ F
Email:				Phone:	
Address:					
City:	State/Province:		Country:		Zip Code:
Military Affiliation: ☐ None ☐ Active ☐ Veteran ☐ Retired			Branch:	Purple Heart Veteran? ☐ Yes ☐ No	
Ethnicity:	How Did You Hear About Diveheart?				
EMERGENCY CONTACT INFORMATION					
Name:				Relationship:	
Email:				Mobil#:	
Address:					
City:	State/Province:		Country:		Zip Code:

MEDICAL HISTORY
1) Describe your general health and any medical condition which impacts, to any extent, your activities of daily living and/or which you believe may affect your ability to SCUBA dive. Date of initial onset of such medical condition:_______
2) Describe specifically any physical impairment you may have:
3) Describe specifically any cognitive, psychological and/ or emotional impairment you may have:
4) Do you have any indwelling medical devices in your body? ☐ Baclofen pump ☐ Insulin pump ☐ Pacemaker ☐ No
5) Do you currently have any open skin wounds? ☐ Yes ☐ No
6) Have you ever had a seizure? ☐ Yes ☐ No   Date of last seizure:
7) Are you on any anti-seizure medication? ☐ Yes ☐ No
8) Have you ever suffered from autonomic dysreflexia? ☐ Yes ☐ No
9) Hearing: ☐ deaf ☐ hard of hearing ☐ hearing aid ☐ N/A
10) Vision: ☐ blind ☐ visually impaired ☐ glasses ☐ contacts ☐ N/A
11) Do you use any medical devices related to your condition?(Check all that apply)
☐ Walking cane ☐ Walker ☐ Wheelchair ☐ Drainage Bag(s)   Prosthetic/Brace: ☐ L arm ☐ R arm ☐ L leg ☐ R leg
☐ Other devices and/or supplies:

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COGNITIVE/ PSYCHOLOGICAL INFORMATION	
Obtain the following information from the most reliable sources available: healthcare providers, parents, guardians, friends, and identify the source of information. If any of the following apply to the adaptive diver, please expand on them in the space provided below.	
1) Triggers: If the adaptive diver has any type of cognitive, psychological, or emotional impairment, please describe what, if anything, upsets or disturbs the individual or causes other emotional stress.	
2) Tactile Sensitivity: Is the adaptive diver sensitive to anything touching them? If so, please describe.	
3) What calming techniques are most effective should the adaptive diver become emotionally disturbed or upset? (e.g., diverting attention to favored topics, etc.)	
4) Is there a health care provider, parent, guardian, friend, or other individual who knows how to address situations that may trigger emotional stress in the adaptive diver? If so, please provide their contact information.	
Name:	Relationship:
Email:	Phone:
CURRENT MEDICATIONS	
Please list any medications you are currently taking, what they are for, dose, and administration regime.	

WATER SKILLS			
1) Can you swim and tread water? ☐ Yes ☐ No	2) Can you snorkel? ☐ Yes ☐ No		
3) Have you ever participated in an Introduction to SCUBA event? ☐ Yes ☐ No			
Location:	Date:		
4) Are you a certified SCUBA diver? ☐ Yes ☐ No	Agency:	Cert Level:	Cert Date:
5) Were you a certified SCUBA diver prior to your disability or physical impairment? ☐ Yes ☐ No			
Date of last SCUBA dive?	Total number of dives?		

VERIFICATION AND ACKNOWLEDGMENT	
I, ____, (adaptive diver), have reviewed the above registry information and verify that all the above information is true.	
Print Full Name:	Date:
Signature:	Date:
I, ____, the natural parent or legal guardian of the above identified adaptive diver, have reviewed the above registry information and verify that all the above information is true.	
Print Full Name:	Date:
Signature:	Date:

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