

NURC/UNCW VIP DIVER CANDIDATE MEDICAL HISTORY FORM

Legal Name (for certification or records) _____

Nickname _____ Social Security/PIN No. _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Age _____ Sex _____ Home Phone _____

Occupation _____ Institution _____

Check the appropriate blank if you have ever had any of the following apply to you, and explain under remarks, indicating the number.

	1. Electrocardiogram	12. Hay fever	24. Asthma
	2. Mental or Emotional Problems	13. Sinus trouble	25. Tuberculosis
	3. Operation or illness	14. Motion sickness	26. Respiratory problems
	4. Hospitalized	15. Claustrophobia	27. Persistent cough
	5. Serious injury	16. Contact lenses	28. Diabetes
	6. Physical handicap	17. Ear or hearing problems	29. Chest pains
	7. Regular medication	18. Alcohol problems	30. Use of street drugs
	8. Allergies, including drugs	19. Dental plates	31. Over 40 years old
	9. Frequent colds or sore throat	20. Trouble equalizing pressure	32. Pregnant
	10. Severe or frequent headaches	21. Dizziness or fainting	33. Medication
	11. Rejected from any activity for medical reasons	22. Epilepsy	34. Bronchitis
		23. Heart trouble	35. High blood pressure
			36. Any medical problem
			not listed

Print or Type Remarks:

Date of chest x-ray _____

**IF DIVER IS A MINOR, BOTH PARENTS
OR GUARDIANS MUST SIGN THIS FORM.**

Date of previous medical examination _____

Parent/Guardian Signature, Date

Signature, Date

Parent/Guardian Signature, Date

In case of emergency, contact:

Name _____ Relationship _____ Phone _____

Doctor _____ Day Phone _____ Night Phone _____

Medical Insurance Company _____

Policy Number _____ Telephone _____