

# Medical Questionnaire

Your safety and comfort are our priority. Please read and complete this form carefully before taking part in any water activity. The questions below help us assess whether you are fit to participate safely. If you have any medical concerns not listed here or are unsure about your fitness, please contact us. Dependent on your answers, we may request that you provide a medical clearance in order to participate. If you have symptoms of a contagious illness, please do not participate.

## Participant Details

Full Name:

Date of Birth:

Emergency Contact Name and Phone Number:

If the Participant is under 18 years of age:

Full Name of Participant's Parent or Legal Guardian:

## Health Questions

Please answer each question honestly by ticking Yes or No.

1	Have you ever had problems with your lungs/breathing, any respiratory issues (e.g. asthma), or any heart or circulatory condition (e.g. heart disease or high blood pressure)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Do you have difficulty performing moderate to strenuous exercise, such as walking 1.5 km in 15 minutes or swimming 200 metres without stopping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Will you be comfortable swimming for a sustained period of time in open ocean conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you ever had problems with your eyes, ears, sinuses or nasal passages, such as chronic sinusitis, ear infections, or any related surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Have you had any surgery within the last 12 months or do you have ongoing problems relating to a past surgical procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Have you ever lost consciousness, experienced seizures, stroke, fainting, migraines, head injuries or any neurological conditions or injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Are you currently undergoing treatment for a mental health condition or have a history of severe anxiety, panic attacks, or an addiction to drugs or alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Do you have any back or spinal problems, hernia, diabetes, or digestive conditions that could limit your physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Have you had recent stomach or intestinal problems (such as diarrhoea, gastroenteritis, or vomiting)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Are you currently taking any prescription medications (other than contraceptive medication) or do you carry any emergency medicine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Do you have any other medical condition, allergies, physical limitations or mobility issues that may affect your participation in the activity? If yes, please provide details below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Are you pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered 'Yes' to any of the above, please provide details:

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By signing below, the Participant (or in the case of Participant aged under 18, the parent or legal guardian of the Participant, as named above):

- Declare that the information provided in this form is true, accurate and complete.
- Consent to the collection, use and disclosure of the Participant's personal information (including health information) in accordance with the above Privacy Collection Statement set out below and our Privacy Policy which is published at [www.journeybeyond.com/privacy-policy](http://www.journeybeyond.com/privacy-policy)

Participant Signature:

Date:

Parent/Legal Guardian Signature (if applicable):

Date:

### Personal Information Collection Statement

Exmouth Dive & Whalesharks Ningaloo collects your personal information and health information in this form in order to assess your suitability to participate in our tours or courses which involve swimming, snorkelling and/or scuba diving ("Tours"), and to appropriately manage your safety and experience during this Tour.

We collect this information directly from you through this medical questionnaire, which asks you to provide details about your health, physical abilities, fitness, surgical history, current medications or treatment plans, and other medical conditions or physical limitations.

We collect this information in accordance with the *Privacy Act 1988* (Cth), including the Australian Privacy Principles. The collection is necessary for health and safety reasons.

In accordance with our Booking Terms and Conditions, if you do not complete this questionnaire, you will not be able to participate in the Tour and we may cancel your booking.

We may disclose your personal information and health information to our employees, to medical professionals or emergency services if required for your safety, to third party suppliers or dive training organisations (to the extent necessary to provide you with the Tour or to facilitate the course/certification you are undertaking), and to our insurers.

For more information about how we handle your personal and health information, please refer to our Privacy Policy which is published at [www.journeybeyond.com/privacy-policy](http://www.journeybeyond.com/privacy-policy).

If you have any questions or concerns regarding our collection of your personal and health information, you can contact our Privacy Officer at:

The Privacy Officer  
Journey Beyond  
Level 5, 233 North Terrace  
Adelaide SA 5000  
Email: [privacyofficer@journeybeyond.com](mailto:privacyofficer@journeybeyond.com)