

Medical Details

Name _____

Age _____

Please tick either Yes or No to indicate whether you have the following conditions.

	Yes	No
Heart Condition, and/or, Heart Surgery		
Diabetes		
High Blood Pressure (non-medicated)		
High Blood Pressure (medicated)		
Low Blood Pressure		
Asthma, or other lung complaint		
Epilepsy / Fainting / Seizures / Fits		
Recent Surgery / Injury		
Something that may impede the use of snorkelling equipment		
Other		
I take medication for the above condition(s)		
I have medication with me today		
I have consumed alcohol today		
I can swim		
I intend on going swimming / snorkelling today		

Please sign to acknowledge that the information you have provided is correct and that you understand the control measures suggested by ZigZag Whitsundays.

Signature _____

Date _____

To be completed by crew member

Passenger risk score:		Passenger risk rating:	L	M	H	E
Completed by:						
Control measures advised to use for all in-water activities:						
Snorkel with a buddy	<input type="checkbox"/>	Suggest use of a pool noodle	<input type="checkbox"/>	Must wear life jacket	<input type="checkbox"/>	
Visible marker	<input type="checkbox"/>	Restrict area	<input type="checkbox"/>	Advised not to snorkel	<input type="checkbox"/>	

Comments _____
