

MEDICAL HISTORY

	NO	YES		NO	YES
42. Are you being treated by a doctor at present?			CENTRAL NERVOUS SYSTEM		
43. Are you presently taking any medication?			86. Fits or epilepsy?		
44. Have you ever been rejected for insurance, or accepted with higher premiums?			87. Concussion or other head injury?		
45. Have you been unable to work for medical reasons within the last 5 years?			88. Headaches?		
46. Have you ever been on pension?			88. (a) Migraine headaches?		
47. Do you suffer any ill effects when flying in an aircraft?			89. Nightmares or sleepwalking?		
48. Are you incapacitated during menses? (FEMALES)			90. Insomnia (or regular difficulty sleeping)?		
49. Are you pregnant now? (FEMALES)			91. Bed wetting?		
50. Are you on a contraceptive pill? (FEMALES)			92. Loss of memory?		
51. Have you ever been admitted to a mental institution?			93. Severe depression?		
52. Have you had any operations?			94. Suicidal tendencies?		
Have you ever suffered from, or are you now suffering from any of the following, or have you experienced or are you currently experiencing any of the following conditions?			95. Claustrophobia?		
CARDIO-VASCULAR SYSTEM			96. Have you ever been unconscious?		
53. Rheumatic Fever?			97. Any other mental or nervous disorder?		
54. Palpitations?			URO-GENITAL SYSTEM		
55. Myocardial Infarction (Heart Attack)?			98. Kidney or bladder disease?		
56. High Blood Pressure?			99. Painful urination?		
57. Low Blood Pressure?			100. Blood in your urine?		
58. Do you have bleeding tendencies?			101. Sugar or protein (albumin) in your urine?		
59. Are you anaemic?			102. Kidney stones (renal calculus)?		
60. Heart valve abnormalities (leaking heart)?			103. Sexually transmitted disease / VD / AIDS?		
61. Blood disease / disorder?			GASTRO-INTESTINAL SYSTEM		
RESPIRATORY SYSTEM			104. Diabetes mellitus (sugar sickness)?		
62. Asthma?			105. Indigestion / heart-burn?		
62. (a) As a child?			106. Stomach ulcer (gastric, peptic or duodenal ulcer)?		
62. (b) As a result of exercise or cold?			107. Yellow jaundice or hepatitis?		
62. (c) Do you use an inhaler?			108. Hernia (groin or hiatus hernia)?		
63. Bronchitis, pneumonia or lung abscess?			109. Haemorrhoids (piles)?		
64. Chest Pains?			110. Appendicitis?		
65. Coughing up of blood?			111. Recurrent vomiting or diarrhoea?		
66. Tuberculosis?			MUSCULO-SKELETIAL SYSTEM		
67. Emphysema, shortness of breath?			112. Swollen or painful joints?		
68. Chronic or persistent cough?			113. Joint or back injury?		
69. Do you smoke (cigarettes, pipe, dagga etc.)?			114. Bone fractures (broken bones)?		
69. (a) IF YES; how many per day (average)?			115. Paralysis?		
70. Pneumothorax (collapsed lung)?			117. Arthritis?		
71. Any other chest complaint, chest injury or operation?			118. Do you suffer from cramps in the legs during rest or when exercising?		
EAR, NOSE AND THROAT			GENERAL		
72. Hay fever, sinusitis, any other nose/throat complaint?			119. Porphyria?		
73. Discharge from ears, ear infection?			120. Malaria or other tropical disease?		
74. Deafness or tinnitus (ringing in the ears)?			121. Abnormal loss of weight?		
75. Have you undergone any ear operations?			122. Any skin disease?		
76. Do you have dentures?			123. Any allergies (including drug / medicine allergies)?		
77. Do you ever suffer from severe toothache?			124. Problems related to drug or alcohol use / abuse?		
78. Do you have fillings in your teeth?			125. Stuttering?		
79. Motion sickness (car, air, sea)?			126. Are you, or have you ever been homosexual?		
80. Recurrent infection of the air passages?			127. Have you ever been in a serious accident?		
VISUAL SYSTEM (EYES)			128. Enlarged thyroid / thyroid gland problem?		
81. Eye defects?			129. Tumour, growth or cancer?		
82. Visual defects (including visual fields)?			<i>I certify that the above information is true and complete to the best of my knowledge.</i>		
83. Do you wear glasses or contact lenses?					
84. Are you colour-blind?					
85. Have you ever had any eye operations?					

SIGNATURE OF DIVER /

DATE