Dive today!
### Learning Paths

#### Open Water Diver
- PADI Scuba Diver

#### Eligible Specialties
- PADI Seal Team
- Bubblemaker
- Discover Scuba Diving
- Skin Diver
- Open Water Diver
- PADI Scuba Diver

#### Adventure Diver
- Advance Open Water Diver

#### Rescue Diver
- Master Scuba Diver

### Specialties

- **Discover Snorkeling**
- **Deep Diver**
- **Wreck Diver**
- **Drift Diver**
- **Dry Suit Diver**
- **Enriched Air Diver**
- **Equipment Specialist**
- **Multilevel Diver**
- **National Geographic Diver**
- **Night Diver**
- **Peak Performance Buoyancy**
- **Underwater Naturalist**
- **Underwater Navigator**
- **Underwater Photographer**
- **Underwater Videographer**
- **Search and Recovery Diver**
- **Semimlace Rebreather - Dolphin/Atlantis**

- **AWARE - Coral Reef Conservation**
- **AWARE - Fish Identification**
- **Altitude Diver**
- **Boat Diver**
- **Digital Underwater Photographer**
- **Diver Propulsion Vehicle Diver**
- **Dive Review**
- **Emergency Oxygen Provider**
- **Digital Underwater Photographer (for Snorkelers)**
- **Drift Diver**
- **Enriched Air Diver**
- **Equipment Specialist**
- **Multilevel Diver**
- **National Geographic Diver**
- **Night Diver**
- **Peak Performance Buoyancy**
- **Underwater Naturalist**
- **Underwater Navigator**
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### Further Information

- [Website](www.padi.com/eLearning)
PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive safely, you must not be extremely overweight or out of condition. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program.

The purpose of this Medical Questionnaire is to find out if you should be examined by a physician before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

- Do you currently have an ear infection?
- Do you have a history of ear disease, hearing loss or problems with balance?
- Do you have a history of ear or sinus surgery?
- Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- Have you ever had a collapsed lung (pneumothorax) or history of chest surgery?
- Have you ever had an operation to your sinus, ear, or nose?
- Do you have active asthma or history of emphysema or tuberculosis?
- Are you currently taking medications to prevent them?
- Are you or could you be pregnant?
- Do you have a history of colostomy?
- Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
- Are you over 45 and have a family history of heart attack or stroke?
- Do you have a history of bleeding or other blood disorders?
- Do you have a history of diabetes?
- Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
- Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
- Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

Please read the two additional light blue panels, fill in the information on the back and sign.
Liability Release and Assumption of Risk Agreement

I (participant name), ______________________, hereby affirm that I am aware that skin diving and scuba diving have inherent risks which may result in serious injury or death. I affirm I have read and understand the Safe Diving Practices and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving. I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that requires treatment in a recompression chamber. I further understand that this program may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with this program in spite of the absence of a recompression chamber in proximity to the dive site.

The information I have provided about my medical history on the Medical Questionnaire is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.

I understand and agree that neither the dive professionals conducting this program, nor PADI America, Inc., nor any of their respective employees, officers, agents or assigns (hereinafter referred to as “Released Parties”) may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this program or as a result of the negligence of any party, including the Released Parties, whether passive or active. I hereby release and hold harmless the Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, that may befall me while participating in this program, including but not limited to the negligence of the Released Parties, whether passive or active.

I understand that the terms herein are contractual and not a mere recital and that I have signed this Release of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I (participant name), __________________________________________, hereby affirm that I am aware that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program and that if I am injured as a result of heat attack, panic, hyperventilation, etc. that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this Assumption of Risk and Liability Release Agreement, or that I have acquired the written consent of my parent or guardian.

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Discover Scuba Diving Registration Form

Instructor: You must register participants within 30 days by either completing the online form at the Pros Area of padi.com or mailing the Discover Scuba Diving Registration Form to your PADI Office.

Program Completion Date (MM/DD/YYYY)

First Name

MI

Last Name

Date of Birth

Day

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Year

Gender:

Male

Female

Email

PADI Member Number

Dive Center/Resort Number

Program Location

Member’s Name (Please Print)

Member’s Signature

For office use only

Optional Open Water version

I have conducted all phases of the

OR

Pool/Confined Water version

of the Discover Scuba Diving program as outlined in the Discover Scuba Diving Instructor Guide.

Send Top copy to your PADI Office. Members retain bottom copy for your records.

Date (MM/DD/YYYY)