

EBS Fitness to Train - Questionnaire

Assessment of Fitness for in-water training using Category A PSTASS Emergency Breathing Equipment

Instructions: Examinee - Complete sections 1 and 2. Give form to examining doctor.
 OGUK Doctor – Complete sections 3 to 6.

Section 1 – About You	
Forename(s)	Sumame
Date of Birth:	
Address:	
Your GP:	
Your Employer:	
Your Job Title:	

Section 2 – Your medical history:		
Have you had in the past, or do you currently have, any of the following:	Yes	No
Spontaneous pneumothorax (collapsed lung)		
Traumatic pneumothorax		
Asthma		
Reactive Airways Disease		
COPD (chronic obstructive pulmonary disease)		
Emphysema		
Sarcoidosis		
Tuberculosis		
Pulmonary Fibrosis		
Cystic Fibrosis		
Lung Bullae or Cysts		
Chest or 'open-heart' surgery		
Any other chest or lung disease		
Lung problems related to vigorous physical activity and/or immersion in water (including but not limited to non-immersion pulmonary oedema)?		
Are you currently using (or have you had to use in the past) inhalers/puffers for asthma, COPD or chest infections?		
Are you currently using any medications for a persisting ear nose or throat condition (do not include common cold or hayfever)		
Have you been advised to avoid swimming/immersion of your ears in water?		
Have you been advised to avoid diving because of any problem related to your ears, nose, sinuses or throat?		
Brief details of 'yes' answer(s):		