



Diving Questionnaire

Our dive operation continuously strives to bring you a high standard of diving and personalized service. We would like to know more about you and your diving that will aid us in providing such service. Please answer the following questionnaire **truthfully and accurately**.

How many dives to date? _____

When and where was your last dive? _____

Has anything changed medically since your certification which may impact your ability to dive? Yes / No

(e.g. Recent Surgery, Heart Attack or Asthma) _____

Are you currently taking any Prescription Medications? _____ Yes / No

If Yes please elaborate: _____

Are there any courses you might be interested in? _____ Yes / No

Are there any other guests you would like to be diving with? _____ Yes / No

Would you like to rent a camera? _____ Yes / No

Do you have any physical conditions that require special attention? _____ Yes / No

Do you need any rental equipment? Please specify the item and size. _____ Yes / No

Circle each item: BCD Regulator Computer Mask Snorkel Fins Wetsuit

Other item:

Signed:

Date:
