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Adaptive Diver Registry

To Be Completed By Adaptive Diver, Parent or Guardian

Adaptive Diver Information:

Name: _____

D.O.B. _____ Male: ☐ Female: ☐ *Ethnicity: _____ *Married: ☐ *Single: ☐

Military Affiliation: Active ☐ Veteran ☐ Retired ☐ Branch _____ Are you a Purple Heart Veteran? Yes / No

WT _____ HT _____ Shoe Size: _____ Clothing Size: SM M LG XL XXL

Address: _____

City: _____ State: _____ Zip: _____

Tel #: _____ Mobile #: _____

Email: _____

How did you learn about Diveheart? _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel #: _____ Mobile #: _____

Email: _____

Medical Clearance Physician Information:

Name: _____

Address: _____

Tel #: _____ Mobile #: _____

Email: _____



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Medical History:

Describe your general health and any medical condition which impacts, to any extent, your activities of daily living and/or which you believe may affect your ability to SCUBA dive:

Date of initial onset of such medical condition: _____

Describe specifically any physical impairment you may have:

Describe specifically any cognitive, psychological and/ or emotional impairment you may have:

Do you currently have any open skin wounds? Yes No

Have you ever had a seizure? Yes No If Yes, date of last seizure: _____

Are you on any anti-seizure medication? Yes No

Have you ever suffered from autonomic dysreflexia? Yes No

Hearing: (circle one) deaf hard of hearing hearing aid N/A

Vision: (circle one) blind visually impaired glasses contacts N/A



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Do you use any medical devices related to your condition: *(Circle all that apply)*

Walking canes

Left arm: prosthetics/ brace

Right arm: prosthetics/ brace

Cane for the blind

Left Leg: prosthetics / brace

Right Leg: prosthetics / brace

Walkers

Wheelchairs

Drainage bag (s)

Other devices and/or supplies:

Current Medications:

SWIMMING SKILLS & EXPERIENCE:

Can you swim and tread water: Yes / No

Can you snorkel: Yes / No

Past SCUBA Experience & Certifications:

Have you ever participated in an Introduction to SCUBA event? Yes / No

Location: _____ Date: _____

Are you certified in SCUBA? YES / NO If yes; please provide the certification date: _____;

name of SCUBA training agency, _____ and level of certification _____

Were you certified in SCUBA prior to your disability or physical impairment? YES / NO

Date of last scuba dive? _____

Total number of scuba dives: _____



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COGNITIVE/PSYCHOLOGICAL INFORMATION

Note: Obtain the following information from the most reliable sources available: healthcare providers, parents, guardians, friends, and identify the source of information

Triggers: If the adaptive diver has any type of cognitive, psychological or emotional impairment identified above please describe what, if anything, upsets or disturbs the individual or causes other emotional stress:

Tactile Sensitivity: Is the adaptive diver sensitive to anything touching them? If so, describe:

What calming techniques are most effective should the adaptive diver become emotionally disturbed or upset (e.g., diverting attention to favored topics, etc.)



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Is there a health care provider, parent, guardian, friend or other individual who knows how to address situations that may trigger emotional stress in the adaptive diver? If so, identify such person by providing contact information. Name: _____

Relationship: _____ mobile #: _____ Tel. #: _____

VERIFICATION:

I, _____, (adaptive diver), have reviewed the above registry information and verify that all the above information is true.

Signature _____ Date: _____

Print Name _____ Date: _____

I, _____, the natural parent or legal guardian of the above identified adaptive diver, have reviewed the above registry information and verify that all the above information is true.

Signature _____ Date: _____

Print Name _____ Date: _____