



**Before** anyone can perform snorkeling activities with UWA, they must complete this form and forward it to the UWA Diving and Boating Safety Officer for approval. Please note that you will be required to undergo a snorkeling fitness test as per Form 4 [REGISTRATION] NEW SNORKEL DIVER ASSESSMENT prior to working in the field. Activities involving snorkeling are carried out in accordance with a submitted Form 11 [PLANNING] SNORKELING OPERATIONS PROPOSAL.

Surname:		First Name:	
Address:			
Date of Birth:		Position at University:	
Work Phone:		Mobile:	Email:

Date started snorkelling:		Do you hold a SCUBA ticket? <input type="checkbox"/> Y <input type="checkbox"/> N	
Date of last medical:		Current Senior First Aid qualification? <input type="checkbox"/> Y <input type="checkbox"/> N	
Details of snorkelling experience:		Current Oxygen Provider qualification? <input type="checkbox"/> Y <input type="checkbox"/> N	
Approximate hours snorkelling:      hrs		Date of last snorkel:	
Main Snorkelling locations:			

<b>Have you ever had:</b>		<b>Over the last 12 months have had any:</b>	
Any cardiovascular disease?	<input type="checkbox"/> Y <input type="checkbox"/> N	Operations, illnesses or treatment?	<input type="checkbox"/> Y <input type="checkbox"/> N
Any lung disease (asthma, TB, wheezing, pneumothorax, others)?	<input type="checkbox"/> Y <input type="checkbox"/> N	Drugs or medication?	<input type="checkbox"/> Y <input type="checkbox"/> N
Any epilepsy, convulsions, fits or blackouts?	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you or could you be pregnant?	<input type="checkbox"/> Y <input type="checkbox"/> N
Any serious disease (such as diabetes)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Can You:</b>	
Serious eye, sinus or ear disease?	<input type="checkbox"/> Y <input type="checkbox"/> N	Swim 500m without fins?	<input type="checkbox"/> Y <input type="checkbox"/> N
Any neurological/psychiatric illness?	<input type="checkbox"/> Y <input type="checkbox"/> N	Swim 200m in 5min or less without fins?	<input type="checkbox"/> Y <input type="checkbox"/> N
		Equalise your ears when diving or flying?	<input type="checkbox"/> Y <input type="checkbox"/> N

<b>Snorkeler Signature:</b>	<b>Print Name:</b>	<b>Date:</b>
<b>DBSO Signature:</b>	<b>Print Name:</b>	<b>Date:</b>