

It is important that you visit your GP, usual medical doctor or travel clinic before you depart. This medical form, along with the PADI medical form, is designed to act as your medical record and must be countersigned by a doctor. It is very likely you will need a special appointment, rather than a routine appointment to do this, which can take some time to schedule. **The Blue Ventures offices in the UK also need at least 4 WEEKS prior to departure to review the forms so please upload them in good time. This is essential so that we can review these forms and brief the medical officer on site, you must also take a copy with you to the field in a sealed envelope.** If you mark any of the items "yes" then you may be asked to see a specialist diving doctor. The information in this form is confidential, however, you should note that in the interests of safety, information may be disclosed to Blue Ventures staff in the field. More information is available at blueventures.wildmedic.co.uk.

This is a 4 Page form. Pages marked A1,A2,A3 need to be initialled or signed by your doctor.

TO BE COMPLETED BY THE VOLUNTEER

General Information

Name	<input type="text"/>	Next of Kin	<input type="text"/>
Date of Birth	<input type="text"/> Sex: m f	Relationship	<input type="text"/>
Nationality	<input type="text"/>	Address	<input type="text"/>
Address	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Phone	<input type="text"/>	Phone	<input type="text"/>
		Email	<input type="text"/>

Medical History

Have you ever had or are you currently suffering from the following conditions (**Please circle yes or no**)

Yes	No	Allergies, dermatitis or other skin problems	Yes	No	Asthma, tuberculosis, recurrent pneumonia or any other chest problems
Yes	No	Eye disorder or colour blindness	Yes	No	GI ulcers, gall stones, colitis or dysentery
Yes	No	Nose/sinus problems	Yes	No	Kidney or urinary disorders
Yes	No	Thyroid problem or diabetes	Yes	No	Prostate problems
Yes	No	Cardiac problems or high blood pressure	Yes	No	Malaria, bilharzia, or any other tropical disease
Yes	No	Varicose veins	Yes	No	Depression, psychiatric or eating disorder
Yes	No	Arthritis, disability or back problems	Yes	No	Any other disorder or hospital treatment
Yes	No	Headaches or migraines			

If "yes" please refer to blueventures.wildmedic.co.uk and complete the details with your doctor in the "further information" section on form A2.

Current Medications (including contraceptives)	Malaria Prophylaxis:	<input type="text"/>
	Allergies:	<input type="text"/>

Declaration

I declare that all the information on this form is correct and complete. I have not omitted any information that may jeopardise my position as a volunteer on a Blue Ventures expedition. I undertake to notify Blue Ventures of any changes that occur to my current health before I commence the expedition.

Full Name _____

Signature _____

Date ___/___/___

Doctors Initials:

TO BE COMPLETED BY THE DOCTOR

This section is for you, the Doctor, to CONFIRM THAT THE PATIENTS SELF DECLARATION IS CORRECT and that there is NO MISSING INFORMATION. It allows you to expand on any declarations and past medical history (ie medications, spirometry). The website blueventures.wildmedic.co.uk has detailed information on what we require to sign them off fit for an expedition. We are NOT ASKING YOU TO DECLARE HIM OR HER FIT FOR SCUBA DIVING. Feel free to attach a practice summary to this form.

Height (cm)
Weight (kg)
Blood Type if known (please circle) A B AB O Rh - Rh +

Resting Pulse
Resting BP

GP Contact Details

Name
Address

Telephone
E mail

STATEMENT

On review of the patient medical declaration, I the normal medical practitioner, verify that the information supplied, to my knowledge, is correct and there are no omissions in the medical history, allergies or current medications.

Doctors signature:

Patient Consent Form

Please read this form carefully

I _____ am applying to take part in an expedition with Blue Ventures. In order for me to take part in the expedition my medical form will be reviewed by the Blue Ventures medical panel. The Blue Ventures medical panel's decision on my acceptance onto an expedition is final.

**Patient
please initial box**

I agree to a responsible individual of the Blue Ventures medical panel to contact my doctor and discuss my case in full confidence.

I understand that sections of any of my medical notes may be looked at by responsible individuals from the Blue Ventures medical panel or from regulatory authorities where it is relevant to my taking part in a Blue Ventures expedition. I give permission for these individuals to have access to my records.

Patients Name _____

Signature _____

Date ___/___/___

Doctors signature:

- 1 copy for the PATIENT
- 1 copy to be returned to BLUE VENTURES
- 1 copy for the MEDICAL NOTES
- 1 copy for the diving doctor if different to that of the general practitioner

Your patient has applied to join an expedition with Blue Ventures, a group working in tropical marine habitats.

Please note that we are not asking you to sign the patient off as medically fit to SCUBA dive, unless you are a specialist in this area, but instead that the medical information provided is correct and that there are not any omissions from the medical history

We have a detailed medical website at blueventures.wildmedic.co.uk which has information on common medical problems and the information required by the medical screening team.

For your interest, Blue Venture expeditions are based in **remote** locations; our field base in Madagascar is situated in Andavadoaka, on the southwest of Madagascar and our base in Belize is situated in the village of Sarteneja.

Your patient is likely to experience the following in the field:

- Tropical climate with temperatures from 25 - 40°C.
- Living in shared accommodation and within a small group for 6 weeks.
- SCUBA diving usually once a day with rest days every sixth day.
- Occasional strenuous physical work.
- Mosquitoes, stinging insects including hornets and scorpions.
- On a diet predominantly of rice, beans and fish with a limited supply of fresh vegetables.

In the field the client will have the following medical staff and facilities available:

- Personal first aid kit.
- Medical Officer - a Doctor, nurse, paramedic or trained advanced first-aider.
- A comprehensive medical kit (including antibiotics) and oxygen.
- Casualty Evacuation - A full casualty evacuation is in force to the nearest medical facility.

Please could you review the medical forms for Blue Ventures and PADI Medical Statement. Could you please sign **both** forms if the information they have supplied is correct.

If your client has responded "yes" to any of the items in the PADI Medical Statement form, could you please provide an explanation (including history of the condition) as this information will allow our medical team to make a decision if this person is fit to SCUBA dive. (i.e. suffering from Asthma or IDDM). In most cases where an answer is "yes" you should inform the patient that although you can sign off the forms as the medical information they have supplied is correct, their forms will be reviewed by a Blue Ventures medic who are qualified diving practitioners and they may have to be referred to a specialist diving after review.

It should also be noted that a lack of normal support networks occurs in such remote locations, within such a small group of relative strangers. Therefore there are a higher than normal incidence of psychological and psychiatric problems occurring on expeditions. We do relay this information to all volunteers attending expeditions in our pre-departure material and one of the roles of the Expedition Manager, Medical Officer and staff is to act as a support network. If in any instance you think this may be of any concern then please do contact us.

If you have any comments on this medical form or on our recommendations in the Blue Ventures pre-departure guide, then please include these with the medical forms or contact rob@blueventures.org.