

MEDICAL QUESTIONNAIRE

Miss - Ms - Mrs - Mr

Date of birth:

To participate in this activity, you must not have any health problems that could be aggravated by the activity or that could lead to an accident. In accordance with federal regulations (pursuant to the Ministry of Youth and Sports decree of April 28, 2000), please take the time to complete this questionnaire with care. If you answer yes to any of the questions, you will need to be examined by a doctor, for the purpose of risk assessment, before you will be admitted to the attraction.

This activity is not advised during pregnancy. We recommend that you have any dental cavities treated beforehand.

The excessive consumption of alcohol and/or illicit substances is incompatible with this activity.

Check the appropriate box

1. Have you suffered from pulmonary overpressure or decompression accident?

Yes No

2. Do you have a disability?

Yes No

Do you now have, or have you ever had:

3. heart or circulation problems?

Yes No

4. specifically, high blood pressure, including if treated?

Yes No

5. repeated loss of consciousness?

Yes No

6. chronic respiratory problems?

Yes No

7. asthma?

Yes No

8. a pneumothorax or chest injury?

Yes No

9. ear, nose or throat problems requiring specialist medical care?

Yes No

10. hearing loss or a perforated eardrum?

Yes No

11. a chronic sinus or ear infection?

Yes No

12. repeated dizzy spells or balance disorders?

Yes No

13. ear pain in the water, on planes or at high altitudes?

Yes No

14. mental health problems?

Yes No

15. Are you being treated for depression?

Yes No

Do you now have, or have you ever had:

16. neurological problems?

Yes No

17. epileptic seizures, whether treated or not?

Yes No

18. episodes of tetany or spasmodophilia?

Yes No

19. Head trauma with coma?

Yes No

20. a metabolic disease?

Yes No

21. any type of diabetes, whether treated or not?

Yes No

22. an endocrine disease?

Yes No

23. a tumor?

Yes No

24. a hiatus hernia or acid reflux?

Yes No

25. an eye disorder: severe near-sightedness, a corneal abnormality or a retina problem?

Yes No

26. a chronic skin condition?

Yes No

27. Are you taking any medications: heart medications, blood pressure medications, blood thinners, or psychiatric or neurological drugs?

Yes No

28. Have you ever had surgery or an endoscopy performed:
- on your chest or heart?

Yes No

- on your stomach?

Yes No

- on your ears or sinuses?

Yes No

- on your brain?

Yes No

- on your eyes (including laser eye surgery)?

Yes No

29. Have you been on sick leave for a month or more, due to an illness or accident?

Yes No

30. Will you require long-term medical treatment, surgery, endoscopy or hospitalization in the next six months?

Yes No

I have read through and understand the above questions, and swear that all of my answers are true.

I have been informed that any false information will incur my liability and release Marineland from its liability.

Completed in

On

Signature: (of a parent or legal guardian, in the case of a minor)

Warning

Important: You will be liable in the case of any false information, and your dated signature certifies this health declaration's truthfulness.