



## Assessment of Fitness for in-water training using Category A PSTASS Emergency Breathing Equipment

### Section 1 – About You

Forename(s):	Surname:
Date of Birth:	
Address:	Your GP Address:
Your job title:	Your employer:

### Section 2 – Your medical history

Have you had in the past, or do you currently have, any of the following:		
Spontaneous pneumothorax (collapsed lung)	Yes	No
Traumatic pneumothorax	Yes	No
Asthma	Yes	No
Reactive Airways Disease	Yes	No
COPD (Chronic Obstructive Pulmonary Disease)	Yes	No
Emphysema	Yes	No
Sarcoidosis	Yes	No
Tuberculosis	Yes	No
Pulmonary Fibrosis	Yes	No
Cystic Fibrosis	Yes	No
Lung Bullae or Cysts	Yes	No
Chest or 'open-heart' surgery	Yes	No
Any other chest or lung disease	Yes	No
Lung problems related to vigorous physical activity and/or immersion in water (including but not limited to non-immersion pulmonary oedema)	Yes	No
Are you currently using (or have you had to use in the past) inhalers/puffers for asthma, COPD or chest infections?	Yes	No
Are you currently using any medications for a persisting ear, nose or throat condition (do not include common cold or hayfever)?	Yes	No
Have you been advised to avoid swimming/immersions of your ears in water?	Yes	No
Have you been advised to avoid diving because of any problem related to your ears, nose, sinuses or throat	Yes	No

Brief details of 'yes' answers: