

HYATT REGENCY SERAGAKI ISLAND OKINAWA

Medical History Information / Medical Certificate 【Marine Activity】

Please read the below carefully before you sign. Please check [✓] if your answer is “YES”.

- 1) ____ Are you presently taking any prescription medications? (With the exception of birth control or anti-malarial)
- 2) ____ Are you over 45 years of age and can answer YES to one or more of the following?
 - Currently Smoke a pipe, cigar and cigarettes • Are currently receiving medical care • Have a high cholesterol levels
 - High blood pressure • Have a family history of heart attack or stroke • Diabetes mellitus even if this is controlled by diet alone

Have you ever had or do you currently have:

- 3) ____ Asthma or wheezing when breathing or wheezing when you exercise?
- 4) ____ Frequent or severe attacks of hay fever or allergies?
- 5) ____ Frequent colds, sinusitis or bronchitis?
- 6) ____ Any form of lung disease?
- 7) ____ Other chest disease or chest surgery?
- 8) ____ Behavioral health, mental or psychological health illness (Panic attack, fear of closed or open space)?
- 9) ____ Recurring or complicated migraine headaches or if you take any medications to prevent them?
- 10) ____ Head injury with loss of consciousness in the past five years?
- 11) ____ High blood pressure or take medication to control blood pressure?
- 12) ____ Bleeding or other blood disorders?
- 13) ____ Hernia?
- 14) ____ Ulcers or ulcer surgery?
- 15) ____ Recreational drug use or treatment for alcoholism or drug use in the past five years?

If you answer “YES” or check [✓] any of the below points between 16 and 27, you will need a signed doctors medical certificate allowing you to join any Marine Activity:

- 16) ____ Are you attempting to become pregnant?
- 17) ____ Pneumothorax (collapsed lung)?
- 18) ____ Epilepsy, seizures, or convulsions OR take medications to prevent them.
- 19) ____ Blackouts or fainting (full/partial loss of consciousness)?
- 20) ____ Any dive accidents or decompression sickness?
- 21) ____ Diabetes?
- 22) ____ Heat disease?
- 23) ____ Heart attack?
- 24) ____ Angina, heart surgery or blood vessel surgery?
- 25) ____ Sinus surgery?
- 26) ____ Ear disease or surgery, hearing loss or problems with balance?
- 27) ____ Recurrent ear problems?

If you answer “YES” or check [✓] any of the below points between 28 and 29, you will not be able to participate in any Marine Activity at the hotel

- 28) ____ Are you currently pregnant?
- 29) ____ A colostomy or ileostomy?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature : _____

Date (y/m/d) : _____

Parental signature: _____ Date (y/m/d) : _____

For minors (15 years old and under) participating in the activity, the signature of a parent or guardian required.

PATICIPANT

Name: _____ Birth Date (y/m/d) : _____

Email Address: _____

Phone: _____

MEDICAL APPROVAL CERTIFICATE

This person is an applicant for Marine Activities. Your opinion of the applicant's medical fitness for Marine Activities is requested.

Physician's Impression

- ☐ I find no medical conditions that I consider incompatible with Marine Activities.
☐ I am unable to recommend this individual for Marine Activities.

IMPORTANT: THIS DOCUMENT NEED'S TO HAVE AN OFFICIAL STAMP FROM THE DOCTOR/HOSPITAL TO PROVE AUTHENTICITY. ALTERNATELY, THE DOCTOR CAN PRINT A MEDICAL CERTIFICATE STATING THE ABOVE ON THEIR COMPANY LETTERHEAD.

Remarks

Physician : _____

Clinic / Hospital : _____

Phone: _____