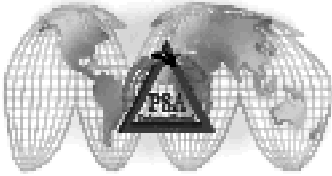


The Professional Scuba Association International



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Student

(Please print legibly)

Social Security # _____

Name _____ Birth Date _____ Age _____
First Middle Last

Mailing Address:

Street _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (_____) Business Phone (_____)

E-mail _____ Fax _____

Name and address of your family or primary care physician:

Physician _____ Clinic/Hospital _____

Address _____ Phone (_____)

Date of last physical examination _____

Name of Examiner _____ Clinic/Hospital _____

Address _____ Phone (_____)

Were you ever required to have a physical for diving? Yes No If so, when? _____

Physician

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's fitness for scuba diving is requested.

Physician's Impression:

I find no medical condition that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks _____

_____, M. D. Date _____

Physician's Signature

Physician _____ Clinic/Hospital _____

(PRINT NAME)

Address _____ Phone (_____)

When enrolling in a PSAI course that requires dives deeper than 130' (40m), you must be examined by a physician and have this form signed by said physician. This must be done prior to performing any dives to these depths. Medical exam must be performed within 6 months of the course start date. Version 01.04.07