Macquarie University Snorkeller Induction form

Name: ____________________________ Student/staff number: ____________________________

I have been advised of Macquarie University’s snorkelling procedures, and I agree to abide by them including any instructions by the University Dive Officer, Snorkel Coordinator, Snorkel Guide, or Vessel Master.

I am able to:

Swim 200m continuously without aid (without fins): Yes / No
Tread water for 3 minutes: Yes / No
(Snorkel Guides & Coordinators only): tow a tired snorkeller 200m (with fins): Yes / No

Snorkelling experience:

Have you been snorkelling before: Yes / No
If Yes, when / where was the last time you were snorkelling: ____________________________

Medical declaration:

I declare that I have been advised snorkelling can be a strenuous physical activity and may increase the health and safety risks to me if I am suffering from:

• Any medical conditions that may be made worse by physical exertion. For example heart disease, asthma, some lung complaints: Yes / No
• Any medical condition that can result in loss of consciousness. For example some forms of epilepsy and some diabetic conditions: Yes / No
• Asthma that can be brought on by cold water or salt water mist. Yes / No

I hereby inform the UDO of any medical condition that could be fall in to any of the above categories. List conditions or indicate not applicable: ____________________________

Signature ____________________________ Date ____________________________

Relevant qualifications:

If you possess any of the following qualifications, please list the qualification and date of received (This section is required for Snorkel Guide and Coordinators only):

• First Aid qualification: ____________________________ date: ____________________________
• CPR qualification: ____________________________ date: ____________________________
• O2 provider qualification: ____________________________ date: ____________________________
• Open water diver qualification: ____________________________ date: ____________________________
• Rescue Diver qualification: ____________________________ date: ____________________________
• Life-saving qualification: ____________________________ date: ____________________________

UDO / Delegate use only:

Approved by: ____________________________
referred for medical assessment (Yes / No) swim assessment (C / NC / NA) rescue assessment (C / NC / NA)
Approved as: Snorkeller, Research Snorkeller, Snorkel Guide, Snorkel Coordinator.
Notes: ____________________________

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