Macquarie University Snorkeller Induction form

Name:	Student/staff number:		
nave been advised of Macquarie University's snorkelling procedures, and I agree to abide by them including by instructions by the University Dive Officer, Snorkel Coordinator, Snorkel Guide, or Vessel Master.			
I am able to:			
Swim 200m continuou	sly without aid (without fins): Yes / No		
Tread water for 3 minu	ites: Yes / No		
(Snorkel Guides & Co	ordinators only): tow a tired snorkeller 2	200m (with fins): Yes / No	
Snorkelling experience:			
Have you been snorkel	lling before: Yes / No		
If Yes, when / where w	vas the last time you were snorkelling:		
Medical declaration:			
I declare that I have been adv and safety risks to me if I am		nysical activity and may increase the health	
 Any medical conditions some lung complaints: 	* * * *	al exertion. For example heart disease, asthma	
Any medical condition some diabetic condition		ess. For example some forms of epilepsy and	
• Asthma that can be b	prought on by cold water or salt water	mist. Yes / No	
I hereby inform the UDO of any	y medical condition that could be fall in	to any of the above categories. List conditions	
indicate not applicable:			
Signature	Date		
Relevant qualifications:			
If you possess any of the follow required for Snorkel Guide and		cation and date of received (This section is	
• First Aid	qualification:	date:	
• CPR	qualification:	date:	
• O ₂ 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 assessmen	at (Yes/No) swim assessment (C/No)	C/NA) rescue assessment $(C/NC/NA)$	
Approved as: Snorkeller, R	esearch Snorkeller, Snorkel Guide, S	Snorkel Coordinator.	