STATEMENT REGARDING DIABETES AND DIVING

I, _____hereby acknowledge my understanding and acceptance of the following issues:

1. Altered consciousness, heart attack, or exhaustion during diving may lead to drowning and other life threatening complications.
2. A history of diabetes implies a greater risk of these events.

Moreover,

3. Diving itself may make these events more likely in a diabetic by precipitating hypoglycaemia, or imposing high physical demands in certain situations.

And

4. That because of the issues described at 1–3, diabetics are frequently considered unfit to dive.

However, I also understand

5. That the extra risk in diving for a diabetic who meets certain criteria for selection as a diver and who practices appropriate diabetic diving technique is likely to be relatively small. Unfortunately, this risk has not been quantified.
6. That any decision for a diabetic to dive must be based on the perceived benefit weighed against the potential risk.

Having decided to proceed with diving activity, I acknowledge

7. That Dr _____'s assessment of my risk in diving has been based in part on my own reports of blood glucose control, and my general state of health. I acknowledge my responsibility for the accuracy of those reports.
8. That if the pattern of my diabetes changes significantly, or if I suffer any adverse diabetes-related event in which I require assistance or medical consultation at any time, then the risk of diving may be increased and I should cease diving and discuss the issue with Dr_____ again.
9. That I should not dive during any period likely to be associated with worsening of my glycaemic control, such as during a cold or other illness.
10. That if I find diving precipitates any problems in relation to my diabetes, I should cease diving forthwith and seek review with Dr _____
11. That I understand the necessity to more closely monitor and adjust my glucose levels on diving days, in accordance with the diabetic diving guidelines.
12. That I have read, understood, and had an opportunity to ask questions about the diabetic diving guidelines.
13. That I understand the necessity to inform my dive buddy and dive group about my diabetes.
14. That I must undergo annual review with Dr_____ or another diving doctor as long as I continue to dive.

Finally, I understand that

15. Being informed of the above issues, having had my questions answered, and having been counselled about my risk in diving I accept that I am responsible for my decision to dive. I hold no one else responsible for any adverse consequences of this decision.

Signed: _____ Date: _____