

DIVING SILFRA MEDICAL STATEMENT

To be read and signed by each participant

Diving in Silfra is an exceptionally beautiful experience. However, it is also a demanding activity that may lead to overexertion and exhaustion. It is important to understand that exposure to near freezing point glacial melt water includes potential hazards. To minimize the risks involved in this activity, we request that every potential participant read and fill out this form carefully. Your safety is our primary concern!

Please be aware that there have been serious incidents at Silfra involving participants in the medical risk groups identified in this release. A full YES or NO answer must be given to each of the medical conditions listed on the right hand side. Please be aware of the following conditions related to diving in Silfra:

- Participants need to be dry suit specialty diver certified or provide proof that they have done at least 10 dry suit dives in the last two years.
- Because of the geographical layout of Silfra, participants must walk in full gear about 150 meters to the entry point and later 350 meters from the exit stairs back to where the tour started. Including the steel tank, weights, BCD and dry suit the full gear has a weight of about 40 kg.
- In-water duration is 35-45 minutes and the water temperature is 2° Celsius. For this reason, participants should have eaten breakfast or lunch before the activity starts.
- Participants wear a neoprene hood and semi-dry neoprene gloves. This means that the heads and hands are exposed to the water. Part of the face will not be covered by the hood and therefore be in direct contact with the water.
- There is a slight current in Silfra and participants must be comfortable swimming against it during the last part of the tour.
- Whenever entering the water there is a small chance of the suit leaking. In this case 2° Celsius water will enter the suit and the water will be in direct contact with the thermal under layers and skin. Participants should bring a second set of the clothes to be worn under the dry suit (dry underwear/leggings/long sleeve shirt or skiing underwear).
- Silfra is situated in the Þingvellir national park. This is a UNESCO World Heritage Area and new constructions are not allowed. This means that participants change in our tour vans in potentially wet, windy and cold weather conditions. In winter, outside temperatures in Iceland may be far below the freezing point.
- Participants should bring adequate thermal protection for the time before and after wearing a dry suit and keep in mind that the weather in Iceland may change within minutes. Participants should be sure to have a hat and gloves along during winter!
- Participants cannot wear most types of jewelry in the water. Participants should leave accessories not needed on tour at their accommodation so that they do not get lost.

I fully understand the content of this form and the information I have provided about my medical history and fitness is accurate to the best of my knowledge. *I accept responsibility for omissions that are a result of my failure to disclose any existing or past medical health condition/s.*

Name: _____ Date: _____

Signature: _____

Signature of Parent/Legal Guardian if under 18: _____

Please answer YES or NO to the following questions about your past and present medical history.

Section 1: Do any of the following apply to you? A **YES** in this section means that unfortunately we cannot take you on our diving tour. This is for your own safety!

- _____ Any kind of heart disease?
- _____ Heart attack?
- _____ Angina, heart surgery, or blood vessel surgery?
- _____ Inability to perform moderate exercise (walk 1 mile/1.6 km within 12 minutes)?
- _____ Are you pregnant?
- _____ Any form of lung disease?
- _____ Pneumothorax (collapsed lung), other chest disease or chest surgery?
- _____ Epilepsy, seizures, convulsions or take medications to prevent them?

Section 2: Do any of the following apply to you? A **YES** in this section means that you need to get medical clearance from a doctor in order to participate in the tour. The required medical is on page two of this document.

- _____ Sinus surgery, ear surgery, hearing loss or problems with balance?
- _____ Currently taking prescription medications? (with the exception of birth control or anti-malarial)
- _____ Untreated umbilical or inguinal hernia?
- _____ Colostomy or ileostomy?
- _____ High blood pressure or taking medication to control blood pressure?
- _____ Diabetes mellitus, even if controlled by diet alone?
- _____ Asthma, or wheezing with breathing or wheezing with exercise?
- _____ Behavioral or mental health problems (panic, fear of closed/open spaces)?
- _____ Back, arm, or leg problems following surgery, injury, or fracture?
- _____ Ulcer or ulcer surgery?
- _____ Bleeding or other blood disorders?
- _____ Recreational drug use or treatment for drug use or alcoholism in the past 5 years?
- _____ Raynaud's syndrome?
- _____ Vertigo/dizziness, blackouts or fainting (full/partial loss of consciousness)?
- _____ Cancer or cancer treatment within the last 5 years?
- _____ Frequent or severe attacks of hayfever or allergy
- _____ Frequent colds, sinusitis or bronchitis?
- _____ Any dive accidents or decompression sickness?
- _____ Recurring complicated migraine headaches or take medications to prevent them?
- _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc)?
- _____ Head injury with loss of consciousness in the last 5 years?
- _____ Age 45 or older AND can answer yes to one or more of the following?
 - Currently smoke a pipe, cigars or cigarettes
 - Have a high cholesterol
 - Have a family history of heart attack or stroke
 - Are currently receiving medical care
- _____ Age 60 or older?

PHYSICIAN APPROVAL

For Diving Silfra Tours in Iceland

Participant Name _____

Dear Physician,

The above patient of yours wishes to participate in a diving tour with DIVE.IS in Iceland, but has answered YES to the question _____ in Section 2 on the preceding page. The list of medical conditions on the preceding page is adapted from the standard standard diving [RSTC Medical Statement](#). Your assessment of the individual's fitness for the tour is therefore required.

Please note that there have been serious medical incidents in Silfra involving participants in the risk groups identified in Section 1 and Section 2 on the preceding page.

Diving in Silfra includes the following:

- Participants wear a tight and constricting full body crushed neoprene drysuit. The suit is heavy and may make walking difficult.
- Participants must walk in full gear about 150 meters to the entry point and later 350 meters from the exit stairs back to where the tour started.
- The suit has seals on the neck and wrists that stop water from getting in. These can be tight and sometimes an additional rubber strap needs to be worn around the neck.
- In-water duration is 30-40 minutes and the water temperature is 2° Celsius.
- The heads and hands of participants are exposed to the 2° Celsius water through a mitigating material. Part of the face is not be covered by the hood and will therefore be in direct contact with the water.
- There is a slight current in Silfra and participants must be able to swim against it during the last part of the tour.
- Whenever entering the water there is a small chance of the suit leaking. In this case 2° Celsius water will enter the suit and the water will be in direct contact with the thermal under layers and skin.
- Participants change in our tour vans in potentially wet, windy and cold weather conditions. In winter, outside temperatures in Iceland may be far below the freezing point.
- Participants will wear a scuba unit weighing ca. 20 kg plus 6-12 kg of weights while walking 150 meters to the entrance platform and 350 meters back from the exit platform.
- Participants will breathe air through a scuba diving regulator while their face is submerged in 2°C water. Length of a dive varies typically between 30-45 minutes.

Physician's Impression

I find no medical conditions that I consider incompatible with the activity described above.

I am unable to recommend this individual for the activity described above.

Remarks _____

Physician's Signature _____ Date ____/____/____

Physician Name _____ Clinic/Hospital _____

Address _____ Phone _____ Email _____