



Hello, dear future guest!

Thank you for choosing our scenic island destination and we look forward to diving with you. Scuba St. Lucia is the resort diving operation belonging to Anse Chastanet and Jade Mountain Resorts near Soufriere. We would like to take this opportunity to offer information that may be useful in ensuring that your holiday will be a most enjoyable one. In order to prepare for your trip, we have compiled this document to share with you some general information but also some important medical information you should be aware of prior to traveling. Therefore, please take a few minutes to read through this document.

General Information: Scuba Diving with Scuba St. Lucia

The water temperature average 78-80°F / 26-27°C in the winter months and gets as high as 83-84°F / 28-29°C at the end of summer. Needless to say, we don't provide ice diving specialties. Most divers are comfortable with 2-3 mm shorty wetsuits. Visibility varies from 60-80 feet , 18-24 meters up to 100 feet/30 meters. Much of our diving is drift diving. We have canyons, walls, plateaus and a weekly wreck dive on the Lesleen M.

Diving with Scuba St. Lucia is a very unique experience and we offer the most experienced staff on the Island. Most of our Instructors have logged well over 2,500 dives and in some cases more than 6,000 dives; we know St. Lucia's waters better than anyone else. We are a PADI 5 Star Dive Resort and also part of DAN Partners in Dive Safety. We accept recognized agency certification cards from all over the world. We require proof of Open Water Diver Certification or higher prior to any diving activities with us as a certified diver. If you are a PADI diver, why not download the PADI App and get your digital e-card!

Diving Schedule

We are located in the heart of St. Lucia's marine park which features numerous protected marine reserve dive sites. Marine park dive passes are required for certified divers or non-certified divers from the second day of diving. The fee is \$13.50 EC per day (\$5 US) or \$40.50 EC (US\$ 15) for an annual pass (plus tax). This fee is used to support the marine park and protect the marine habitat.

The farthest site is 15 minutes away; the closest is less than 30 seconds away. Therefore, nearly all of our boat dives are scheduled as one-tank dives. However, on Fridays we make a two tank dive, the first of which is the wreck of the Lesleen M, a very beautiful underwater garden of a 150 foot/ 50 meter cargo ship lying in 70 feet/21 meters of water. After the wreck dive we serve a variety of fruits on the

boat and visit a local beach for a surface interval before entering the water again on a beautiful wall dive located nearby.

We offer Enriched Air (32% Nitrox) diving for those certified in its use. Enriched Air Certification Courses are available through PADI's e learning system as well as a full range of PADI and SSI courses.

The following is our diving schedule daily:

Shore Dives: 8:30 a.m., 11:00 a.m., 2:00 p.m.

Single Tank Boat Dives: 8:30 a.m., (except Fridays), 10:30 a.m. (except Fridays), 2:00 p.m. Night Dives: 6:00 p.m. on Mondays and Wednesdays

2-Tank Wreck Trip: 9:30 a.m. Friday - return at 1:00 p.m.

For certified divers staying with us at our two resort properties, we can assure you that you will have no difficulty booking various dives once you are with us at the resort but if you would like information on our schedule and services or would prefer to pre-book your dives prior to your arrival, just let us know; we'll be delighted to assist. You can reach us via e-mail scuba@ansechastanet.com. If your resort package includes a beginner Dive N' Discover course (Discover Scuba Diving) or if you plan to take your first dive with us during your stay, we would be very pleased to set this up for you. If your stay is a minimum 5 nights, there is no need to pre-book as long you have some flexibility with your daily activities schedule. If you are planning to get certified or partake in any other course during your stay, we would definitely advise you to contact us via scuba@ansechastanet.com.

At Scuba St. Lucia, all certified divers are asked to make their first dive from the shore on the beautiful Anse Chastanet reef where we take a few moments to check skills including mask removal and replacement and regulator recovery. We do this to ensure that all divers are comfortable in the water and are weighted properly to avoid any problems that might arise during a dive impacting your own and the enjoyment of others.

Medical Questions

As a PADI 5 Star Dive Resort, we hold to the highest industry standards for safety and service. We therefore ask you to consider carefully whether you, or anyone in your party, may have a medical or physical reason that might make diving unsafe. Even veteran scuba enthusiasts may have had changes in their medical status over time or may be taking medications for a temporary condition which might present a risk when diving. We advise you to take a look at the attached medical and obtain a doctors approval for diving if your medical status has changed since being certified.

Important: All beginner divers and Dive N' Discover Course (Discover Scuba Diving) participants and guests participating in any scuba course or [refresher](#) course, must complete the attached Medical form. Please know that any 'YES' answer on the form requires an unconditional medical release stating the diver/ student is fit to dive before starting any diving course or diving with us. Please have your doctor complete page two of the medical form attached.

We sincerely thank you for your cooperation and look forward to providing enjoyable and safe diving for you.

Sincerely,

Your Scuba St. Lucia Dive Team

Tel : (758) 459-7755

Email: scuba@ansechastanet.com

www.scubastlucia.com



Medical Statement Participant Record (Confidential Information)



Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program. In addition, if your medical condition changes at any time during your scuba programs it is important that you inform your instructor immediately.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and

circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

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| <input type="checkbox"/> Could you be pregnant, or are you attempting to become pregnant? | <input type="checkbox"/> Any form of lung disease? | <input type="checkbox"/> Recurrent back problems? |
| <input type="checkbox"/> Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) | <input type="checkbox"/> Pneumothorax (collapsed lung)? | <input type="checkbox"/> Back or spinal surgery? |
| <input type="checkbox"/> Are you over 45 years of age and can answer YES to one or more of the following? | <input type="checkbox"/> Other chest disease or chest surgery? | <input type="checkbox"/> Diabetes? |
| <ul style="list-style-type: none"> • currently smoke a pipe, cigars or cigarettes • are currently receiving medical care • have a high cholesterol level • high blood pressure • have a family history of heart attack or stroke • diabetes mellitus, even if controlled by diet alone | <input type="checkbox"/> Behavioral health, mental or psychological problems (Panic attack, fear of closed or openspaces)? | <input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture? |
| | <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them? | <input type="checkbox"/> High blood pressure or take medicine to control blood pressure? |
| | <input type="checkbox"/> Recurring complicated migraine headaches or take medications to prevent them? | <input type="checkbox"/> Heart disease? |
| | <input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)? | <input type="checkbox"/> Heart attack? |
| | <input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? | <input type="checkbox"/> Angina, heart surgery or blood vessel surgery? |
| | <input type="checkbox"/> Dysentery or dehydration requiring medical intervention? | <input type="checkbox"/> Sinus surgery? |
| | <input type="checkbox"/> Any dive accidents or decompression sickness? | <input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance? |
| | <input type="checkbox"/> Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)? | <input type="checkbox"/> Recurrent ear problems? |
| | <input type="checkbox"/> Head injury with loss of consciousness in the past five years? | <input type="checkbox"/> Bleeding or other blood disorders? |
| | | <input type="checkbox"/> Hernia? |
| | | <input type="checkbox"/> Ulcers or ulcer surgery ? |
| | | <input type="checkbox"/> A colostomy or ileostomy? |
| | | <input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past five years? |

The information I have provided about my medical history is accurate to the best of my knowledge. I affirm it is my responsibility to inform my instructor of any and all changes to my medical history at any time during my participation in scuba programs. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition, or any changes thereto.

Participant's Signature

Date (Day / Month / Year)

Signature of Parent or Guardian (where applicable)

Date (Day / Month / Year)

STUDENT

Please print legibly.

Name _____ Birth Date _____ Age _____
First Initial Last Day/Month/Year

Mailing Address _____

City _____ State/Province/Region _____

Country _____ Zip/Postal Code _____

Home Phone () _____ Business Phone () _____

Email _____ FAX _____

Name and address of your family physician

Physician _____ Clinic/Hospital _____

Address _____

Date of last physical examination _____

Name of examiner _____ Clinic/Hospital _____

Address _____

Phone () _____ Email _____

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

PHYSICIAN

This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

Physician's Impression

- I find no medical conditions that I consider incompatible with diving.
- I am unable to recommend this individual for diving.

Remarks

Physician's Signature or Legal Representative of Medical Practitioner Date _____
Day/Month/Year

Physician _____ Clinic/Hospital _____

Address _____

Phone () _____ Email _____