



Scuba St. Lucia



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

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------|
| 1 | I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance. | Yes <input type="checkbox"/> Go to box A | No <input type="checkbox"/> |
| 2 | I am over 45 years of age. | Yes <input type="checkbox"/> Go to box B | No <input type="checkbox"/> |
| 3 | I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 4 | I have had problems with my eyes, ears, or nasal passages/sinuses. | Yes <input type="checkbox"/> Go to box C | No <input type="checkbox"/> |
| 5 | I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 6 | I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease. | Yes <input type="checkbox"/> Go to box D | No <input type="checkbox"/> |
| 7 | I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability. | Yes <input type="checkbox"/> Go to box E | No <input type="checkbox"/> |
| 8 | I have had back problems, hernia, ulcers, or diabetes. | Yes <input type="checkbox"/> Go to box F | No <input type="checkbox"/> |
| 9 | I have had stomach or intestine problems, including recent diarrhea. | Yes <input type="checkbox"/> Go to box G | No <input type="checkbox"/> |
| 10 | I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam). | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required).

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------|
| BOX A – I HAVE/HAVE HAD: | | |
| Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX B – I AM OVER 45 YEARS OF AGE AND: | | |
| I currently smoke or inhale nicotine by other means. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| I have a high cholesterol level. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| I have high blood pressure. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy). | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX C – I HAVE/HAVE HAD: | | |
| Sinus surgery within the last 6 months. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Ear disease or ear surgery, hearing loss, or problems with balance. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Recurrent sinusitis within the past 12 months. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Eye surgery within the past 3 months. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX D – I HAVE/HAVE HAD: | | |
| Head injury with loss of consciousness within the past 5 years. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Persistent neurologic injury or disease. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Recurring migraine headaches within the past 12 months, or take medications to prevent them. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Blackouts or fainting (full/partial loss of consciousness) within the last 5 years. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Epilepsy, seizures, or convulsions, OR take medications to prevent them. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX E – I HAVE/HAVE HAD: | | |
| Behavioral health, mental or psychological problems requiring medical/psychiatric treatment. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| An addiction to drugs or alcohol requiring treatment within the last 5 years. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX F – I HAVE/HAVE HAD: | | |
| Recurrent back problems in the last 6 months that limit my everyday activity. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Back or spinal surgery within the last 12 months. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| An uncorrected hernia that limits my physical abilities. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX G – I HAVE HAD: | | |
| Ostomy surgery and do not have medical clearance to swim or engage in physical activity. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Dehydration requiring medical intervention within the last 7 days. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Active or uncontrolled ulcerative colitis or Crohn's disease. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Bariatric surgery within the last 12 months. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |

Diver Medical | Medical Examiner's Evaluation Form

| | |
|--------------------|------------------------------|
| Participant Name | Birthdate |
| <div>(Print)</div> | <div>Date (dd/mm/yyyy)</div> |

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

☐ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

| | |
|----------------------------------------------------------------------------------------------|------------------------------|
| <div>Signature of certified medical doctor or other legally certified medical provider</div> | <div>Date (dd/mm/yyyy)</div> |
|----------------------------------------------------------------------------------------------|------------------------------|

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

| | |
|-------|-------|
| Phone | Email |
|-------|-------|

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society
DAN (US)
DAN Europe
Hyperbaric Medicine Division, University of California, San Diego