LES COURS
HYPERBARIC CENTRE

ACCOMPANYING PERSON MEDICAL EVALUATION FORM

Please fill out in print letters

Name of the child you are accompanying

Accompanying person information

Family Name

First Name

Address

City

Province

Postal code

Phone number

Date of birth

1455 Peel St.
Suite 111
Montreal QC
H3A 1T5

514-845-1234

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HYPERBARIC CENTRE

ACCOMPANYING PERSON MEDICAL EVALUATION FORM

Medical History

This medical evaluation is used to determine if you must seek a medical exam before you undergo HBOT. Should you respond positively to one or several questions does not necessarily disqualify you though you must fill bottom REMARKS section before entering the chamber.

- ☐ anemia
- ☐ diabetes
- ☐ high blood pressure
- ☐ coronary problem
- ☐ cardiac surgery (pace maker – bypass)
- ☐ previous heart attack
- ☐ angina
- ☐ pneumothorax (collapsed lung)
- ☐ emphysema
- ☐ asthma
- ☐ other known lung problems
- ☐ recurring ear infections
- ☐ ear surgery, loss of hearing or balance problems
- ☐ ear tubes
- ☐ requent allergy attacks or hay fever
- ☐ cold, virus, sinusitis or bronchitist
- ☐ chronic sinusitis
- ☐ sinus surgery
- ☐ viral infection, contagious disease
- ☐ chemotherapy
- ☐ epilepsy, convulsions, seizure disorders
- ☐ pregnancy
- ☐ mental or psychological illness (panic, claustrophobic, agoraphobic)
- ☐ previous decompression sickness

You must inform the technician if you must take the plane or go in mountain environments AFTER the hyperbaric session.

Remarks _____

Signature _____ Date _____

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