



# Dive Rescue International

Training Public Safety Professionals since 1977

## Dive Rescue I

Hosted by Spokane County Sheriff's Office  
Spokane Valley, WA ~ August 20-22, 2012

During this dynamic program we will discuss questions that face teams old and new. Can we validate and confirm our teams direction and goals? Can safety be maximized through the standardization of equipment and procedures? To take your team to a new level, you need this course!

Dive Rescue I is the internationally renowned three day training course for certified divers and surface support personnel. Successful completion of a Dive Rescue I program will provide basic methods and skills necessary to function effectively at a water accident scene.

### Course Topics

- Public safety drowning accidents
- Selecting, training, and equipping dive teams
- Scene evaluation
- Dealing with family, media, and other agencies
- Search patterns
- Victim retrieval
- Vehicle accidents
- Accident scene evaluation
- Introduction to specialized equipment
- Field exercises

### NFPA Standards 1670 & 1006

Upon completion of this program, including in-water work, personnel will address several standards set forth for the Technician Level. Surface Support personnel who complete this program will address the standards set forth for the Awareness and Operations Level.

### Tuition

Full tuition for this 3 day program is \$375.00 in US Funds. Payment is required for registration.

**Prerequisites** All students must be a current member of a public safety agency, at least 18 years of age. Students must read and complete a RSTC medical statement prior to attending class. Any diver answering yes to a contraindication must have a physician's signature to participate in the diving portions of the program. Diving personnel must also have open water certification. Please make sure to present your RSTC Medical Statement to your instructor at the beginning of class.

This program is designed for personnel who are physically fit. Participants are encouraged to participate after successfully completing the IADRS Watermanship Test or testing to a fitness level of 13 MET (Metabolic Equivalents) or greater. Participants with aerobic fitness questions or concerns should consult their physician prior to in-water training. Participants who have poor aerobic fitness may attend this program as surface support personnel with the approval of the instructor.

**Dive Rescue International (800) 248-3483 [www.DiveRescueIntl.com](http://www.DiveRescueIntl.com)**

# Spokane, WA ~ August 20-22, 2012

## Location

The first day of class will be held at:  
SCSO Training Center  
10319 E. Appleway  
Spokane Valley, WA 99206  
Class begins promptly at 8:00am

## Accommodations

The host recommends the Mirabeau Park Hotel  
100 North Sullivan Road Spokane Valley, WA 99037  
Government rates are \$87/night (+tax)  
Group Rate: SCST  
Please call (509) 924-9000 for reservations  
*Students must make and confirm their own reservations.*

**Travel** We do not recommend you make travel arrangements until 2 weeks prior to the start of class

**Be Sure to Bring** US Coast Guard approved PFD with knife and whistle, adequate clothing and protection from the environment, pen and paper for note-taking and sketching.  
Diving students must provide their own equipment: Dry suit or adequate wet suit, Scuba regulator: recently serviced and environmentally protected with alternate air source (i.e.: octopus, Air II, etc.), Timing device, depth and submersible pressure gauges, BC with oral and power inflator, two tanks with current Hydro & VIP, mask, snorkel, fins, weight belt, two cutting tools (knife, wire or side cutters).  
Completed RSTC Medical Statement - signed by a physician if necessary.

**Registration Form**  Diver  Surface Support **Tuition \$375/person**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Department \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

## Payment Information

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_  
 Department card  Personal card / Name on Card \_\_\_\_\_  
 PO Number \_\_\_\_\_ Please provide a copy of the Purchase Order  
 Bill my Department

## To register for a program

Choose one of these 4 options:

- Fax this form to (970) 482-0893 Attn: Registrations
- Mail this form to: Dive Rescue International  
201 North Link Lane - Fort Collins, CO 80524
- Online at [www.DiveRescueIntl.com/training](http://www.DiveRescueIntl.com/training)
- Call us (800) 248-3483 ext. 18



**Cancellation Policy** Cancellations received prior to 3 weeks before the start date of the class will receive a full refund. Cancellations received 8-21 days prior to class start date will receive a 50% refund. Cancellations received 0-7 days prior to class start date will not receive a refund.



## MEDICAL STATEMENT

### Participant Record (Confidential Information)

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 offered by Dive Rescue International.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in Dive Rescue International diving programs.

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.

### Divers Medical Questionnaire

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in professional 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.

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 call Dive Rescue International at 800 248-3483.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. Should any of these items apply to you, a physician's signature will be required to participate in the diving portions of the program.

- Could you be pregnant, or are you attempting to become pregnant?
- Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- Are you over 45 years of age and can answer YES to one or more of the following?
  - currently smoke a pipe, cigars or cigarettes
  - have a high cholesterol level
  - have a family history of heart attack or stroke
  - are currently receiving medical care
  - high blood pressure
  - diabetes mellitus, even if controlled by diet alone
- Have you ever had or do you currently have...
  - Asthma, or wheezing with breathing, or wheezing with exercise?
  - Frequent or severe attacks of hay fever or allergy?
  - Frequent colds, sinusitis or bronchitis?
  - Any form of lung disease?
  - Pneumothorax (collapsed lung)?
  - Other chest disease or chest surgery?
  - Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
  - Epilepsy, seizures, convulsions or take medications to prevent them?
  - Recurring complicated migraine headaches or take medications to prevent them?
  - Blackouts or fainting (full/partial loss of consciousness)?
  - Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- Head injury with loss of consciousness in the past five years?
- Recurrent back problems?
- Back or spinal surgery?
- Diabetes?
- Back, arm or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure?
- Heart disease?
- Heart attack?
- Angina, heart surgery or blood vessel surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss or problems with balance?
- Recurrent ear problems?
- Bleeding or other blood disorders?
- Hernia?
- Ulcers or ulcer surgery ?
- A colostomy or ileostomy?
- 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 agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature	Date
Emergency Contact	Phone Number

# STUDENT

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**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

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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 \_\_\_\_\_