



OUR  
GENETIC  
LEGACY



# 2026 INFO PACKET

[www.OurGeneticLegacy.org](http://www.OurGeneticLegacy.org)

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Dear Students and Families,

Welcome to Our Genetic Legacy — a space where history, technology, and opportunity converge to help young people shape the future by honoring the past.

At OGL, we believe that every young person carries a legacy worth knowing, and that the tools of innovation—drones, GIS mapping, marine exploration, and digital storytelling—can reconnect us to the stories that time tried to erase. Through these tools, our participants don't just learn new skills; they recover lost narratives, reclaim cultural pride, and step confidently into leadership roles within the growing fields of aviation, ocean science, and heritage preservation.

Our programs are more than classes—they are journeys.

Each course invites students to learn, explore, and build connections across continents and communities. From piloting drones over historic landscapes to mapping the ocean floor or crafting digital museum exhibits, participants are guided by expert mentors, inspired by history, and supported by a community that believes in their brilliance.

We are proud to offer globally recognized programs that blend workforce training with cultural restoration—where every flight, dive, and 3D model is a bridge between the past and the possibilities ahead. Whether your classroom is the sky, the shoreline, or the digital space of our We The People Museum, you'll gain real-world skills that open doors to powerful, purpose-driven careers in STEAM and the heritage sciences.

To the parents and guardians—thank you for trusting us with your young changemakers. Your support helps ensure that the next generation of explorers, engineers, and storytellers not only thrive in their fields but also stay rooted in the legacies that define them.

To our students—welcome to a community that will challenge you, celebrate you, and walk beside you as you learn to see your culture, your creativity, and your potential as essential tools for transformation.

This is more than a program—it's a movement.

With excitement and gratitude,

Shellie Baxter  
Founder & CEO, [Our Genetic Legacy](https://ourgeneticlegacy.org)  
[Shellie@ourgeneticlegacy.org](mailto:Shellie@ourgeneticlegacy.org)

# PROGRAMS OVERVIEW





## BOYS FPV MAPPING COHORT

Fly fast. Tell truth. Make history visible.

The *Boys FPV Mapping Cohort* is the first-of-its-kind program for young men who want to fly drones with purpose. Over the course of the program, you'll train to become an **FAA-certified drone pilot**, learn high-speed **FPV drone flight**, and use your skills to map one of the most powerful stories in American history: the Underground Railroad.

You'll travel from **Alabama to Canada**, flying FPV drones through landscapes that once guided freedom seekers on their journey north. Using cinematography, mapping, and storytelling, you'll help recreate the routes of self-emancipated Blacks whose courage changed the world.

What you'll gain:

-  FPV flight & aerial cinematography
-  FAA Part 107 certification
-  Multi-state mapping expedition
-  Contribution to a major museum exhibit

If you want adventure, impact, and a brotherhood of skilled drone pilots, this program elevates both your flight skills and your understanding of history.






## GIS FOR HISTORIC PRESERVATION

Use technology to make history unforgettable.

If you're already a licensed drone pilot and want to take your skills to a professional level, the *GIS for Historic Preservation* program is your next step. This advanced course teaches you how to combine drone data with **GIS (Geographic Information Systems)** — a powerful mapping technology used by scientists, archaeologists, city planners, and heritage professionals around the world.

You'll work on real historic sites, including **Allensworth, California**, the state's first Black-founded town. By blending drone footage, maps, and 3D modeling, you'll help preserve cultural sites and bring forgotten stories back to life through interactive digital exhibits.

You'll develop skills in:

-  GIS mapping & analysis
-  Photogrammetry & 3D reconstruction
-  Architectural & cultural site documentation
-  QGIS, ESRI, ArcGIS & DroneDeploy
-  Exhibit development for the We The People Museum

This program is perfect for future drone professionals, digital preservationists, historians, and anyone who wants to use tech to honor and protect the past.

**Note:** Applicants **must already be Part 107 certified** to participate.






Non-certified youth may contact [Shellie@OurGeneticLegacy.org](mailto:Shellie@OurGeneticLegacy.org) for guidance on certification pathways.

## UNDERH2O EXPLORER

Dive into the past — literally.

The *UnderH2O Explorer Program* is your gateway to ocean science, underwater robotics, and global adventure. Whether you're learning to pilot an ROV in San Diego's bays, earning your first scuba certification in the Florida Keys, or mapping Garifuna heritage sites in Belize, this program immerses you in real marine research while helping uncover stories hidden beneath the waves.

You'll build skills in:

-  ROV piloting & underwater technology
-  Scuba diving & water safety
-  Marine ecology & coral restoration
-  Afro-Indigenous ocean heritage
-  Digital storytelling & museum exhibit creation

Each level unlocks new certifications, new environments, and new opportunities — from shallow-water training to international expeditions. If you're curious about the ocean, passionate about history, or excited to explore a career in the Blue Economy, this is your chance to make waves.

Program Name	Age	Gender Requirements	Prerequisites	Commitment Time	Regular Meeting Dates
Boys FPV Mapping Cohort	16–17	Male Identifying	None	February – September 2026	Tuesdays 6pm - 8pm Sundays 1pm - 5pm
GIS for Historic Preservation	16–24	Co-ed	Part 107 Certified	February – September 2026	Wednesdays 6pm - 8pm Sundays 1pm - 5pm
UnderH2O Explorer UE3	14–15	Female Identifying	None	Feb–Nov 2026; Feb–Sept 2027	Thursdays 6pm - 8pm Sundays 8:30am - 12:30pm
UnderH2O Explorer UE2	16–17	Female Identifying	None	Feb–Nov 2026; Feb–Sept 2027	Thursdays 6pm - 8pm Sundays 8:30am - 12:30pm
UnderH2O Explorer UE1	18–21	Female Identifying	None	Feb–Nov 2026; Feb–Sept 2027	Thursdays 6pm - 8pm Sundays 8:30am - 12:30pm

Program Name	Travel Dates	Additional Meeting Dates	Mapping Locations	Exhibit Name
Boys FPV Mapping Cohort	June 5 - 21, 2026	April 25 - 26, 2026 September 25 - 27, 2026	Alabama to Canada (Underground Railroad)	Flight to Freedom – Mapping the Underground Railroad
GIS for Historic Preservation	May 23 - 25, 2026	April 25 - 26, 2026 September 25 - 27, 2026	Allensworth, California	Mapping Allensworth
UnderH2O Explorer UE3	TBD	April 25 - 26, 2026 September 25 - 27, 2026	San Diego/Los Angeles (2026); Northern California (2027)	Kumeyaay Waters – The First Keepers of the Coast
UnderH2O Explorer UE2	Florida August 2 - 10, 2026; Hawaii 2027	April 25 - 26, 2026 September 25 - 27, 2026	Florida Keys (2026); Hawaii (2027)	Roots in the Reef – Wrecks of the Florida Keys
UnderH2O Explorer UE1	Belize July 5–11, 2026; Roatán July 11–17, 2026; Africa 2027	April 25 - 26, 2026 September 25 - 27, 2026	Belize, Roatán (2026); Africa (2027)	Across the Reef – Garifuna Routes of Memory

Milestone	Date
Zoom Session Registration Begins	November 9, 2026 (6:00 PM PT)
Last Zoom Session	December 22, 2026 (9:00 AM PT)
Application Deadline	December 22, 2026 (11:59 PM PT)
Reference Letter Deadline	December 22, 2026 (11:59 PM PT)
Notification of Acceptance	January 5, 2027

# APPLICATION REQUIREMENTS

Before joining any Our Genetic Legacy (OGL) program, all prospective participants **must attend a mandatory virtual information session** on Zoom. These sessions ensure that students and families clearly understand program expectations, eligibility requirements, and the unique opportunities available within each OGL cohort. To ensure fairness, clarity, and family understanding, all applicants must follow the steps below.

## 1. Attend Mandatory Zoom Information Session

All applicants must attend a Zoom Information Session **before submitting their application**. Zoom sessions can be scheduled online **November 9 - December 22, 2026**.

**Minors must have a parent or guardian in attendance.**

**Zoom Session Link:**

 <https://www.ourgeneticlegacy.org/workshops>

## 2. Online Application

[OGL Youth Application Form](#)

## 3. Reference Letter

All applicants must request **one letter of recommendation** from an educator, business professional, or mentor. Please use the provided email template and referral letter request form when asking for a referral.

### Student Email Template to Request a Referral Letter (copy/paste)

**Subject:** Request for OGL Reference Letter – *[Your Name]*

Hi [Dr./Mr./Ms. Last Name],

I'm applying to Our Genetic Legacy for the **[Program Name]** cohort, and I'm writing to ask if you would write a letter of recommendation on my behalf. OGL empowers youth using drones, GIS, marine science, and digital storytelling to preserve underrepresented histories. This program aligns with my goals in **[brief goal—e.g., aviation, ocean science, digital heritage]**.

**Deadline:** December 22, 11:59 PM (PT)

**Submission:** Please email your letter directly to **Shellie@OurGeneticLegacy.org**

**Subject line:** OGL Reference – Participant Name

**File name:** OGL Reference – Participant Name.pdf

Helpful points to include: my work ethic, technical or creative strengths, teamwork and communication, readiness for safety and fieldwork, and why I'm a strong fit for this program.

I've attached my resume/activities list and a short paragraph about my goals.

Thank you for considering this. I truly appreciate your support!

Best,

**[Your Full Name]**

**[Your Email & Phone]**

## 4. Creative Submission Requirements

Every applicant must submit a **creative component** as part of their OGL application. This portion of the application allows you to show who you are, what drives you, and how you hope to contribute to your community through OGL's programs.

You may choose **one** of the following formats:

### Accepted Formats

- **Written Essay** (1–2 pages, typed)
- **Short Video** (3–5 minutes)
- **Slide Presentation** (Google Slides or PowerPoint)
- **Digital Portfolio** (photos, artwork, maps, short films, tech builds, etc.)
- **Applicant's Choice**

Your creative piece should clearly address:

### **Why you want to join OGL**

Explain your interest in drones, GIS, heritage research, marine science, digital storytelling, or cultural preservation.

### **Your understanding of OGL's mission**

Show that you understand how OGL uses STEAM to preserve underrepresented histories and empower youth.

### **How you will contribute**

Highlight your strengths, values, leadership qualities, and how you plan to participate in the cohort.

### **What legacy you hope to build**

Share your personal story, cultural connection, or passion for creating change.

### **Your commitment to completing the full program**

Demonstrate readiness, reliability, and the ability to work as part of a team.

## 5. Participant Consent Form

Required consent and authorization form for ALL participants. Participants under 18 must be signed by applicant AND parent/guardian.

## 6. Scuba Certification Medical Consent

Required medical clearance and safety documentation for participants 16+ applying UnderH2O Explorer Program.



# **ATTENDANCE REQUIREMENTS**

Consistent attendance is essential to safety, learning progress, and eligibility to participate in all OGL programs. Because each session builds on specific technical, cultural, and teamwork skills, participants must be fully present and engaged throughout the cohort year.

## **Mandatory Participation**

- Attendance is required for all classes, workshops, flight labs, ROV sessions, field activities, and travel-prep meetings.
- Participants must arrive on time, prepared, and ready to participate.
- Absences and tardiness directly impact travel eligibility and overall program standing.

## **Absence Limit**

- Participants may miss no more than three (3) total sessions per cohort year.
- This includes both excused and unexcused absences.
- Participants who exceed this limit will be dismissed from the program for that cohort year and removed from all local, national, and international travel opportunities.

## **Excused Absences**

Absences may be excused for:

- Illness
- Family emergencies
- Mandatory school activities
- Pre-approved conflicts (must be communicated in advance)

**Even excused absences still count toward the maximum of three sessions allowed per year.**

## **Tardiness Policy**

Tardiness disrupts training, safety briefings, and group learning. To maintain professional standards:

### **Tardiness Guidelines**

- Arriving 10 minutes or more late counts as 1 tardy.
- Three (3) tardies equal one (1) absence and will count toward the annual maximum absence limit.
- Leaving early without prior approval also counts as tardiness.
- Participants who repeatedly arrive late may lose access to equipment, travel eligibility, or leadership roles.

### **Chronic Tardiness**

- More than six (6) tardies in a cohort year may result in a performance review or removal from the program.

# **ZOOM PARTICIPATION REQUIREMENTS**

Many sessions—including orientations, application feedback, safety briefings, and travel preparation—take place via Zoom. To ensure full participation and professionalism

## **Camera & Engagement**

- Cameras must be on unless a prior exception has been approved.
- Participants must actively engage, respond when called on, and stay present for the full session.

## **Participants must:**

- Join from a quiet, stationary location (no joining while walking, driving, working, etc.).
- Dress appropriately for a learning environment.
- Have materials ready (notebook, pen, device charged).

## **Technical Requirements**

- Participants must join using a device with:
  - Reliable audio
  - Stable internet
  - A visible screen for interactive sessions
- Repeated technical issues without attempts to resolve them may count as incomplete attendance.

# **PARTICIPANT CODE OF CONDUCT & EXPECTATIONS**

Participation in Our Genetic Legacy (OGL) programs is both an opportunity and a responsibility. As representatives of their communities and ambassadors for innovation, participants are expected to demonstrate professionalism, integrity, and mutual respect at all times — whether in class, during fieldwork, or while traveling.

## **Behavior & Professionalism**

- Treat all peers, instructors, mentors, and community partners with respect and courtesy.
- Maintain a positive attitude, a willingness to learn, and professionalism in both in-person and online settings.
- Use inclusive, appropriate language — harassment, bullying, or discrimination of any kind will not be tolerated.
- Follow all OGL staff instructions, safety briefings, and travel guidelines promptly and without argument.
- Dress appropriately for learning and field activities, following OGL's dress code and safety gear requirements.

## **Safety Standards**

- Follow all safety protocols during flight operations, ROV handling, scuba training, and fieldwork.
- Report injuries, discomfort, or unsafe conditions immediately to staff.
- Never operate drones, ROVs, or any OGL equipment without instructor supervision.
- Refrain from risky or unsanctioned behavior during travel, training, or lab sessions.

## **Equipment Care**

- Treat all equipment (drones, ROVs, cameras, computers, etc.) with care and accountability.
- Use only assigned gear and return it in working condition after each session.
- Report damage, malfunction, or loss to staff immediately.
- Misuse or negligence may result in disciplinary action or financial responsibility for repairs.

## **Community & Cultural Respect**

- Respect all cultural sites, local communities, and partner organizations.
- Observe proper protocols when engaging with Indigenous and Afro-descendant heritage.
- Maintain confidentiality and sensitivity when documenting people or heritage sites.
- Uphold OGL's mission to preserve history with accuracy, empathy, and humility.

## **Substance & Behavior Policy**

- OGL has a zero-tolerance policy for drug, alcohol, and vape use during any program activity or travel.
- Violations may result in immediate dismissal and, if traveling, family-funded early return home.

## **Commitment to Teamwork**

- Participate actively in group assignments and exhibit reliability in attendance and communication.
- Support your peers and contribute positively to a safe, inclusive environment.

**Failure to uphold these standards may result in disciplinary action, including suspension or dismissal from the program.**

# TRAVEL REQUIREMENTS

Many OGL programs involve travel for fieldwork, conferences, and cultural heritage mapping. To ensure safety, readiness, and compliance with all regulations, participants and families must adhere to the following requirements.

## Domestic Air Travel

Participants must have:

- REAL ID or Valid Passport
- TSA PreCheck

OGL will pay for:

- Transportation costs including visa fees where applicable
- Lodging and meals
- Travel insurance covering medical care and emergency evacuation
- Outlined activities and entry fees

## International Travel

Participants traveling abroad must have:

- Valid passport with at least 6 months of validity remaining after the return date
- Global Entry Clearance
- Up to date vaccination or health entry requirements for the destination country
- Spending money for incidentals and souvenirs

OGL will pay for:

- Transportation costs including visa fees where applicable
- Lodging and meals
- Travel insurance covering medical care and emergency evacuation
- Outlined activities and entry fees

## Safety & Conduct While Traveling

- Remain with your assigned group at all times.
- Follow instructions from chaperones, instructors, and local partners.
- Observe curfews and safety check-ins.
- Respect hotel, transportation, and venue property.
- Practice cultural sensitivity and professionalism when engaging with local communities.

## Travel Eligibility

To qualify for travel opportunities, participants must:

- Maintain excellent attendance (no more than 3 absences per cohort year)
- Exhibit maturity, teamwork, and communication skills
- Meet all safety and academic standards
- Submit all required travel documents and consent forms on time

**Participants who fail to meet these standards may lose travel eligibility.**

# Appendix A — Referral Letter Request Form

## Section A — Applicant Information (to be completed by the student)

- Applicant Name: \_\_\_\_\_
- Email: \_\_\_\_\_ Phone: \_\_\_\_\_
- Age: \_\_\_\_\_ School/Organization: \_\_\_\_\_
- Program Applying For (check one):
  - ☐ UnderH2O Explorer Program ☐ Boys FPV Mapping Cohort
  - ☐ GIS for Historic Preservation
- Cohort Year: 2026
- Application Deadline: December 22, 11:59 PM (PT)
- Brief Statement of Goals (2–3 sentences):  
\_\_\_\_\_  
\_\_\_\_\_

## Section B — Recommender Information (to be completed by the student)

- Recommender Name: \_\_\_\_\_
- Relationship to Applicant: (Educator / Business Professional / Mentor)
- Title & Organization: \_\_\_\_\_
- Email: \_\_\_\_\_ Phone (optional): \_\_\_\_\_
- Preferred Contact Method: Email / Phone

## About Our Genetic Legacy

Our Genetic Legacy (OGL) is a San Diego–based nonprofit empowering youth ages 14–24 through **drones, GIS, marine science, and digital storytelling** to preserve underrepresented histories. Participants earn certifications (e.g., FAA Part 107, PADI Open Water), conduct fieldwork locally and abroad, and produce museum-ready digital exhibits for the **We The People Museum**.

## Program Opportunity (summary for recommender)

- **UnderH2O Explorer Program:** Three-tier ocean pathway (ROVs, scuba, reef ecology, maritime heritage) leading to certifications and international field experience.
- **Boys FPV Mapping Cohort:** FAA certification + FPV cinematography; multi-state expedition mapping the Underground Railroad story from Alabama to Canada.
- **GIS for Historic Preservation:** Advanced course for **Part 107–certified youth** to integrate drone data with GIS, photogrammetry, and 3D modeling (e.g., mapping Allensworth, CA)..

# Appendix B — Applicant Consent Form

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Program Participation

I consent to participate in OGL training, travel, and events, including:

- Drone operations, mapping, and museum production
- Marine exploration and ROV operation
- Domestic and international fieldwork

☐ I consent    ☐ I DO NOT consent

## Equipment Responsibility

I agree to use all equipment responsibly and report any damage immediately.

☐ I acknowledge    ☐ I DO NOT acknowledge

## Media Release

I grant OGL the right to photograph, record, or film me for educational, promotional, and reporting purposes.

☐ I consent    ☐ I DO NOT consent

## Behavioral Expectations

I will:

- Follow all OGL directives and safety protocols
- Respect all staff, peers, and sites visited
- Refrain from illegal substances and unsafe conduct

☐ I agree    ☐ I DO NOT agree

## Medical & Liability Waiver

I release OGL from liability for injuries, environmental risks, or travel interruptions except in cases of gross negligence.

☐ I agree    ☐ I DO NOT agree

## I have read and agree to the policies, terms, and conditions outlined in this Information Packet

☐ I agree    ☐ I DO NOT agree

Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 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 <b>A</b>	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box <b>B</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 <b>C</b>	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 <b>D</b>	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 <b>E</b>	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box <b>F</b>	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box <b>G</b>	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control 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

<b>BOX A – I HAVE/HAVE HAD:</b>		
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"/>
<b>BOX B – I AM OVER 45 YEARS OF AGE AND:</b>		
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"/>
<b>BOX C – I HAVE/HAVE HAD:</b>		
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"/>
<b>BOX D – I HAVE/HAVE HAD:</b>		
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"/>
<b>BOX E – I HAVE/HAVE HAD:</b>		
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"/>
<b>BOX F – I HAVE/HAVE HAD:</b>		
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"/>
<b>BOX G – I HAVE HAD:</b>		
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
<hr/>	<hr/>
(Print)	Date (dd/mm/yyyy)

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](https://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.

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

Medical Examiner's Name

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(Print)

Clinical Degrees/Credentials

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Clinic/Hospital

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Address

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Phone	Email
<hr/>	<hr/>

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**