



SNORKELING IN SILFRA MEDICAL STATEMENT

To be read and signed by each participant

- Participants wear a tight and constricting full body heavy drysuit that may make walking difficult.
- Because of the geographical layout of Silfra, participants must walk in full gear about 200 meters to the entry point and later 400 meters from the exit stairs back to where we started.
- The drysuit has tight seals on the neck and wrists that stop water from getting in. An additional rubber strap worn around the neck may be needed to make it watertight.
- In-water duration is 30-45 minutes and the water temperature is 2° Celsius (36°F) . For this reason, participants should have eaten breakfast or lunch before the activity starts.
- Participants wear a wet neoprene hood and gloves. This means that the head and hands are partially exposed to the water. Part of the face will not be covered by the hood and therefore be in direct contact with the water.
- There is a slight current in Silfra and participants must be comfortable swimming against it during the last part of the tour.
- There is a small chance of the drysuit leaking. Please bring a second set of the clothes you plan to wear under the drysuit (underwear/leggings/long sleeve/thermals).
- Participants use a snorkel to breathe throughout the activity.
- Silfra is situated in the Thingvellir national park. This is a UNESCO World Heritage Park and constructions are not allowed. This means that participants must change in potentially wet, windy, and cold weather conditions. In winter, outside temperatures in Iceland may be far below the freezing point.
- Participants should bring adequate thermal protection for the time before and after the tour and keep in mind that the weather in Iceland may change within minutes. Make sure to have a hat and gloves along during winter!

Please answer the following questions about your past and current medical history:

A **YES** or **NO** answer must be written for each question

Section 1: A **YES** in this section means that unfortunately we **cannot** take you on our snorkeling tour for your own safety!

- _____ Inability to perform moderate exercise (walk 1 mile/1.6 km within 10 minutes)?
- _____ Are you pregnant?
- _____ Any form of lung/chest disease? Pneumothorax (collapsed lung)?
- _____ Any kind of heart disease or problems? Heart surgery or heart attack ?
- _____ Head injury with loss of consciousness in the past 12 months?
- _____ Thrombocytopenia or other blood disorder?
- _____ Colostomy, urostomy or ileostomy?
- _____ Epilepsy or condition resulting in sudden lost of consciousness?

Section 2: A **YES** in this section means that you need to get a **medical clearance from a doctor** before your tour. You can find the required medical form on **page 2** of this document.

- _____ Under any kind of medical care/medication currently or in the past 12 months that might affect your ability to perform the tour?
- _____ High blood pressure/cholesterol or taking medicine to control it?
- _____ Diabetes Mellitus, even controlled by diet alone? Taking medication for diabetes?
- _____ Dysentery or dehydration?
- _____ Asthma in the past 5 years? Using an inhaler for asthma or respiratory problem?
- _____ Wheezing when breathing or wheezing with moderate exercise?
- _____ Behavioral or mental health problems (panic, fear of closed/open spaces)?
- _____ Back, arm or leg problems following surgery, injury or fracture in the past 4 months?
- _____ Ulcer or ulcer surgery?
- _____ Raynaud's syndrome?
- _____ Vertigo/dizziness?
- _____ Cancer in the past 12 months?
- _____ Age 60 or older? (**the age limit for the Silfra tour is 69**)

I fully understand the content of this form and the information I have provided about my medical history is accurate to the best of my knowledge. *I agree to accept responsibility for omissions that are a result of my failure to disclose any existing or past medical health conditions.*

Name: _____

Date: _____

Signature (or of parent/legal guardian if under 18): _____



PHYSICIAN APPROVAL for Snorkeling Tour in Silfra, Iceland

Participant Name _____

Dear Physician,

The above patient of yours wishes to participate in a snorkeling tour with us in Iceland, but has answered **YES** to a medical question in Section 2 on the preceding page. Your assessment of the individual's fitness for the tour is therefore required.

Please note that there have been serious medical incidents in Silfra involving participants in the risk groups identified in Section 1 and Section 2 on the preceding page.

Snorkeling in Silfra includes the following:

- Participant wears a tight and constricting full body heavy drysuit that may make walking difficult.
- Participants must walk in full gear about 200 meters to the entry point and later 400 meters from the exit stairs back to where the tour started.
- The drysuit has tight seals on the neck and wrists that stop water from getting in. An additional rubber strap worn around the neck may be needed to make it watertight.
- In-water duration is 30-45 minutes and the water temperature is 2° Celsius (36°F) .
- The head and hand of participant are exposed to the 2° Celsius water through a mitigating material. Part of the face is not covered by the hood and will therefore be in direct contact with the water.
- There is a slight current in Silfra and participant must be able to swim against it during the last part of the tour.
- There is a small chance of the drysuit leaking. In this case 2° Celsius water will enter the suit and the water will be in direct contact with the thermal under-layers and skin.
- Participant use a snorkel to breathe throughout the activity.
- Participant changes clothes in potentially wet, windy and cold weather conditions. In winter, outside temperatures in Iceland may be far below the freezing point.

Physician's Impression

I find no medical conditions that I consider incompatible with the activity described above and on the preceding page of this document.

I am unable to recommend this individual for the activity described above.

Remarks _____

Date _____/_____/_____

Physician Name _____

Clinic/Hospital _____

Address _____

Phone _____

Email _____

Physician's Signature _____