

Diving and neurodiversity/neurodivergence – to be completed by all new divers with these diagnoses as indicated below.

Please see [guidelines](#) at [ukdmc.org](#) under Medical Conditions/Neurodiversity

For those new to diving with a diagnosis of neurodiversity/neurodivergence please answer the following questions in the table below.

If the answer to questions 2 to 12 are no the diver may answer no to question 13 on the UK Diving Medical Committee (UKDMC) [Recreational Diver Medical Declaration form](#) and need not contact a UKDMC Medical Referee.

If any of the answers to questions 2 to 12 are yes the diver does need to contact a UKDMC Medical Referee (listed on [ukdmc.org](#) under Medical Referees) and to supply this form along with a completed [UKDMC Recreational Diver Medical Declaration form](#) (found at [ukdmc.org.uk](#) at the top of the left hand column under Downloads).

Those who are already established divers or who have stand alone dyslexia or dyspraxia need not complete this form. Established divers who are on medication also do not need to complete this form but will need to contact a Medical Referee as they will be answering yes to question number 17 on the [UKDMC Recreational Diver Medical Declaration form](#).

Your name		
1.	What is your diagnosis?	
2.	Do you have any difficulty in understanding, concentrating and/or attending adequately to relevant information/stimuli in the environment?	
3.	Do you have problems with time management skills?	
4.	Do you have any problems with memory?	
5.	Do you have co-occurrence of ASD/C (autism spectrum disorder/condition) and ADHD (attention deficit and hyperactivity disorder)?	
6.	Do you also have a diagnosis of learning disability?	
7.	Do you also have a diagnosis that includes significant speech or language impairment?	
8.	Do you also have any other psychiatric diagnoses (including mental health & personality disorders)?	
9.	Do you require support or adaptations in employment or education?	
10.	Do you have a history of impulsiveness?	
11.	Do you have a history of substance misuse (including alcohol)?	
12.	Are you on any medication for your condition?	
13.	If answering yes to question 12, do you have any side effects?	
14.	If answering yes to question 12 please state the name(s) and dose(s) of this medication.	