

Please make sure to check the following in advance to ensure a fun time.

Please check the following before applying for diving and snorkeling activities.

If you have any medical history or symptoms, you may not be able to participate, or you may need a doctor's note beforehand. If any of the following apply to you, please contact us before applying.

We will inform you whether or not you can participate and whether or not you need a doctor's note.

*Some conditions do not require a doctor's note or can be done by providing a sufficient explanation. If diving is difficult, we can offer snorkeling.

I have a history of, or are exhibiting symptoms of, any of the following

- 01 **I am currently pregnant or suspect that I am pregnant.**
 If you have a medical certificate: Diving x Snorkeling x
 If you do not have a medical certificate: Diving x Snorkeling x
- 02 **I am currently using prescription or non-prescription medications or treatments on a regular basis**
 If you have a medical certificate: O O
 If you do not have a medical certificate: x x
- 03 **I am 45 years old or older and one or more of the following apply to me.**
 1) I have high cholesterol levels.
 2) I am currently undergoing treatment for a disease of illness.
 3) I have a family history of heart attacks.
 <Please note that a medical certificate may be required depending on the contents.>
- 04 **I have asthma. I am breathless, or I get short of breath when I exercise.**
 If you have a medical certificate: Diving x Snorkeling O
 If you do not have a medical certificate: Diving x Snorkeling O
- 05 **I have frequent allergy attacks.**
 If you have a medical certificate: Diving O Snorkeling O
 If you do not have a medical certificate: Diving O Snorkeling O
 *Please follow the staff's instructions given prior to the activity.
- 06 **I am susceptible to colds, sinusitis, and bronchitis.**
 If you have a medical certificate: Diving Δ Snorkeling O
 If you do not have a medical certificate: Diving Δ Snorkeling x
 If you suffer from bronchitis, you are not allowed to participate in ocean activities.
 If you do not currently have a cold or sinusitis, you may participate after receiving the instructions from our staff.
- 07 **I have had or currently has some kind of lung condition.**
 If you have a medical certificate: Diving x Snorkeling O
 If you do not have a medical certificate: Diving x Snorkeling x
- 08 **I have had or currently have a collapsed lung.**
 If you have a medical certificate: Diving x Snorkeling O
 If you do not have a medical certificate: Diving x Snorkeling O
- 09 **I had thoracic surgery.**
 If you have a medical certificate: Diving x Snorkeling Δ
 If you do not have a medical certificate: Diving x Snorkeling x
- 10 **I suffer from claustrophobia or agoraphobia.**
 If you have a medical certificate: Diving O Snorkeling O
 If you do not have a medical certificate: Diving O Snorkeling O
 It is difficult to judge based on its degree, but for extreme cases, it may be difficult to participate.
- 11 **I have paralysis of all or part of the body**
 If you have a medical certificate: Diving Δ Snorkeling Δ
 If you do not have a medical certificate: Diving x Snorkeling x
 If you have a medical certificate, we will ask you about the details to determine your participation.
- 12 **I have had epilepsy, seizures, or convulsions, or had preventive treatment for it.**
 If you have a medical certificate: Diving x Snorkeling Δ
 If you do not have a medical certificate: Diving x Snorkeling x
- 13 **I often get migraines, or I take medication to prevent them.**
 If you have a medical certificate: Diving O Snorkeling O
 If you do not have a medical certificate: Diving Δ Snorkeling Δ
 Your participation will be decided depending on your condition and physical health on the morning of the event.
- 14 **I have experienced fainting or loss of consciousness. (Total or partial loss of consciousness)**
 If you have a medical certificate: Diving x Snorkeling Δ
 If you do not have a medical certificate: Diving x Snorkeling x
- 15 **I have suffered from diving disorders and decompression sickness.**
 If you have a medical certificate: Diving x Snorkeling O
 If you do not have a medical certificate: Diving x Snorkeling O
- 16 **I am unable to perform light physical activities (e.g., unable to run 50 meters)**
 If you have a medical certificate: Diving x Snorkeling x
 If you do not have a medical certificate: Diving x Snorkeling x
- 17 **I have chronic back pain.**
 If you have a medical certificate: Diving Δ Snorkeling O
 If you do not have a medical certificate: Diving Δ Snorkeling O
- 18 **I have had lumbar or spinal surgery.**
 If you have a medical certificate: Diving O Snorkeling O
 If you do not have a medical certificate: Diving x Snorkeling x
- 19 **I have a history of diabetes.**
 If you have a medical certificate: Diving x Snorkeling x
 If you do not have a medical certificate: Diving x Snorkeling x
- 20 **I have an impairment in the lower back, arm, or leg due to surgery, injury, or fracture**
 If you have a medical certificate: Diving Δ Snorkeling Δ
 If you do not have a medical certificate: Diving Δ Snorkeling Δ
- 21 **I have experienced loss of consciousness due to a head injury within the past 5 years.**
 If you have a medical certificate: Diving x Snorkeling x
 If you do not have a medical certificate: Diving x Snorkeling x
- 22 **I have a history of heart disease of any kind, including an enlarged heart of other heart problems.**
 If you have a medical certificate: Diving x Snorkeling x
 If you do not have a medical certificate: Diving x Snorkeling x
- 23 **I have had a heart attack.**
 If you have a medical certificate: Diving x Snorkeling x
 If you do not have a medical certificate: Diving x Snorkeling x
- 24 **I have had angina pectoris or cardiovascular surgery.**
 If you have a medical certificate: Diving x Snorkeling x
 If you do not have a medical certificate: Diving x Snorkeling x
- 25 **I have had sinus surgery.**
 If you have a medical certificate: Diving O Snorkeling O
 If you do not have a medical certificate: Diving Δ Snorkeling O
- 26 **I have had a history of ear disease, hearing loss, or impaired balance (including Ménière's disease)**
 If you have a medical certificate: Diving Δ Snorkeling Δ
 If you do not have a medical certificate: Diving x Snorkeling x
- 27 **I have had, or currently have, a severe or irregular heartbeat or tachyarrhythmia.**
 If you have a medical certificate: Diving O Snorkeling O
 If you do not have a medical certificate: Diving x Snorkeling x
- 28 **I have a history of any form of hernia.**
 If you have a medical certificate: Diving O Snorkeling O
 If you do not have a medical certificate: Diving x Snorkeling x
- 29 **I have a history of ulcers or ulcer-related surgery.**
 If you have a medical certificate: Diving Δ Snorkeling O
 If you do not have a medical certificate: Diving x Snorkeling x
- 30 **I have undergone a colostomy or have an artificial colostomy.**
 If you have a medical certificate: Diving x Snorkeling x
 If you do not have a medical certificate: Diving x Snorkeling x
- 31 **I have been treated for drug or alcohol dependence within the past five years**
 If you have a medical certificate: Diving x Snorkeling x
 If you do not have a medical certificate: Diving x Snorkeling x
- 32 **I have a BMI of 30 or higher BMI= Body weight kg ÷ (height m)²**
 If you have a medical certificate: Diving Δ Snorkeling Δ
 If you do not have a medical certificate: Diving Δ Snorkeling Δ
 *There may be no suits available for you to wear. Please contact us.
- 33 **I currently have crutches, casts, or bandages.**
 If you have a medical certificate: Diving x Snorkeling x
 If you do not have a medical certificate: Diving x Snorkeling x
- 34 **I have autism or have difficulties in communication.**
 If you have a medical certificate: Diving Δ Snorkeling Δ
 If you do not have a medical certificate: Diving Δ Snorkeling Δ
- 35 **I have had surgery or a major injury within the past year.**
 If you have a medical certificate: Diving Δ Snorkeling Δ
 If you do not have a medical certificate: Diving Δ Snorkeling Δ
 *Depends on the nature of the surgery.
- 36 **I have high blood pressure and/or I am taking medication to control high blood pressure.**
 If you have a medical certificate: Diving O Snorkeling O
 If you do not have a medical certificate: Diving x Snorkeling Δ

Please be sure to check your medical history before participating in the activity.

If any of the above apply to you, please be sure to contact us in advance.

If any of the above apply to you and you do not contact us in advance, we may need to decline your participation due to your medical history even after making a reservation with us or upon your visit.

In this case, a cancellation fee will be charged.

Please contact us before making a reservation if any of the above applies to you.