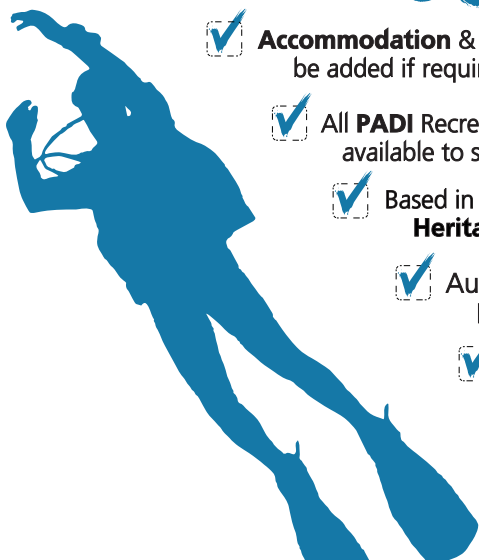


## Why Choose Us...?



- ✓ **Accommodation & catering** can be added if required
- ✓ All **PADI Recreational Dive Courses** available to suit your dates
- ✓ Based in a **UNESCO World Heritage Site**
- ✓ **Authorised PADI 5 STAR Dive Center & Dive Resort**
- ✓ **On-site Heated Pool & Air-conditioned classrooms**
- ✓ **World Class Diving** in a Marine Protected Area

ASK ABOUT OUR GROUP RATE 4 GROUPS OF 8 OR MORE...

2022 Low Season:  
**PADI Discover Scuba Diving...R990.00**  
Includes Pool Orientation, Full Equipment & 1 Supervised Dive

Check in to  
**CORAL DIVERS**  
& Try Scuba  
**PADI Diving**

SODWANA BAY • SOUTH AFRICA

# PADI DISCOVER SCUBA DIVING

## THE PADI DISCOVER SCUBA DIVING PROGRAM INCLUDES:

- ✓ **1 Scuba Dive, Pool Orientation & Certificate of Completion**  
- Subsequent Supervised Dives may be done afterwards
- ✓ **Full Equipment** - no need to purchase anything

### EXCLUDES:

- ✗ **Accommodation** - Add accommodation in our Safari Tents, Standard or Ensuite Cabins, or add meal packages
- ✗ **Park Entrance & KZN Fees** - payable at entry

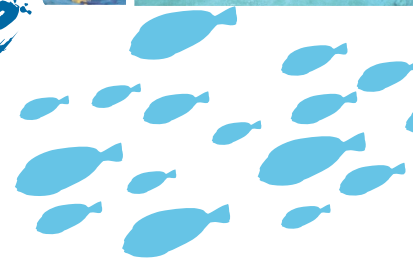
**Contact  
US NOW!**

email [bookings@coraldivers.co.za](mailto:bookings@coraldivers.co.za)  
visit [www.coraldivers.co.za](http://www.coraldivers.co.za)





# Enjoy the Experience



You've probably seen photos, television, and films of diving, but until you do it yourself, you can't really understand what it's like. Nothing on earth matches the sensations you experience – the thrill of breathing underwater, the freedom of "weightlessness", and all the unique sights and sounds.

Based in the iSimangaliso Wetland Park, we have a vast array of unspoiled coral reefs populated with a huge diversity of marine life. Over a year you can also experience the Marine Big 5 that includes Humpback Whales, nesting Sea Turtles, and the Ragged-tooth Sharks that seasonally visit Sodwana.



The PADI Discover Scuba Diving experience opens these doors for you and much more. This is a bit like a 'tandem' skydive that allows you to try out a scuba dive, to a maximum depth of 12m. When you have more time, you can then take your next step and complete the full Open Water certification! (The PADI Discover Scuba Diving course is an 'experience program' and this does not certify you as a diver.)

## PROGRAM INFORMATION

**The PADI Discover Scuba Diving program enables you to:**

- Dive under the direct supervision of a PADI Dive Instructor while applying the knowledge and skills you learn in the course, within the limits of your training and experience to a maximum depth of 12m.
- Experience Scuba Diving without needing to be certified
- Dive safely under the guidance of a PADI Instructor
- Decide if Scuba Diving is for you
- Experience Sodwana underwater if you do not have the time for a full course





## Course Structure

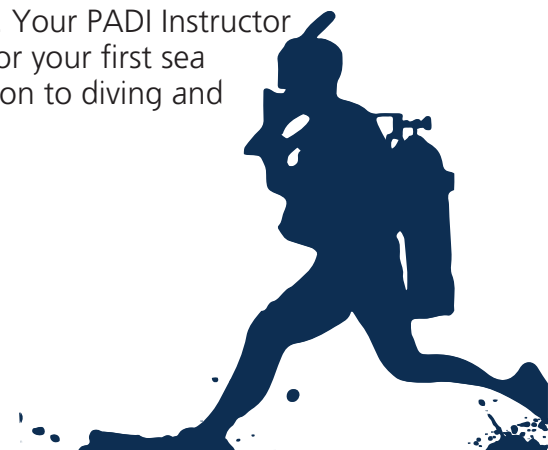
The PADI Discover Scuba Diving, is an experience program designed for you to try out scuba diving before taking on the full course.

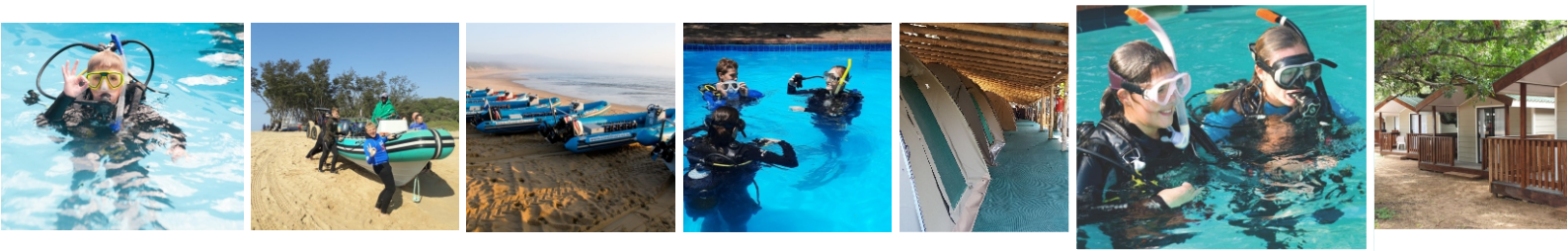
The **Knowledge Development Section** covers a short briefing before the fun starts.

**Confined Water Dives** are where the fun really begins! You will complete 1 Confined Water (Pool) Session in our dive pool (heated in winter), during which you get comfortable in the water with your instructor guiding you all the way.

Your **Open Water Dive** is done in the ocean, together with your PADI Instructor. The depth will be a maximum of 12m, and you will be amazed at the beauty of the underwater world.

This is the perfect holiday program to see what scuba diving is about. Your PADI Instructor will introduce you to some basic theory and skills before taking you for your first sea dive... The PADI Discover Scuba Diving program is the best introduction to diving and Coral Divers in Sodwana Bay is the perfect place to try it!





# IMPORTANT INFORMATION

## To be eligible for the PADI Discover Scuba Diving experience, you must:

- Be 10 years of age or older. Anyone aged under 18 years will require a parent/guardian to complete and sign some paperwork.
- Complete the PADI Medical Statement on this document (pages 6-8) and if you answer “**yes**” to any of the questions, you must acquire a clearance for diving signed by a doctor stating that you are ‘fit to dive’. The medical clearance must be valid within 12 months. The doctor signing the form cannot be the individual.

## INCLUDES

Full equipment hire is included in the price, as well as the cost of the dive. Accommodation and/or catering is not included, but can be provided on a dinner and breakfast basis if you wish to add this. Please note that our course price does not include the iSimangaliso Park Gate Entry fee, the daily KZN Wildlife fee, or the MPA permit for divers. Our Reservations staff can assist you with a quote covering these fees.

## EXTRA OPTIONS

Once you have completed your PADI Discover Scuba Diving experience, you are eligible to continue directly on to a **Scuba Diver** or **Open Water Diver** course if you like. This will provide you with a ‘full’ certification and increase your confidence as a diver. However, the ‘upgrade’ to qualified diver takes 3-5 days (depending on which course you decide on), and is well worth it, as you will be able to continue increasing your diving skill set by being eligible for further courses like the PADI Advanced Diver and Rescue Diver courses.

# FREQUENTLY ASKED QUESTIONS

## Where is Coral Divers?

We are situated inside the iSimangaliso Wetland Park in northern KwaZulu-Natal. We are about a 4,5hr drive north of Durban and a 9hr drive from Johannesburg. Maps and directions are to be found on our website. **NB: The only tarred road route is via the town of Hluhluwe on the R22.** Many GPS and Google Maps show that turning off the N2 towards Jozini, as the route to take. Please **DO NOT** take this route, as it is heavily congested in Jozini and the road is in a bad state.

## Is accommodation included?

Your course does not include tent accommodation. You are most welcome to book a tent or one of our cabins if you prefer. Each tent has twin beds with mattresses, but you will need to either bring your own bedding, or pay R100 refundable deposit for bedding. You will be able to collect this at our reception. There is an electric light, but no plug points in the tent. Cabins include linen though and Ensuite Cabins have air-conditioning as well.

## What is the restaurant menu like?

Diving can leave you with an appetite, so we are sure you will enjoy the varied menu available at our licensed restaurant. You can opt for our daily buffet if you would like to have dinner & breakfast included. \*\*Please advise us of any special dietary requirement before you arrive.

## What shops are in the area?

There is a small Spar Superette within the park (1km from Coral) where you can buy groceries, snacks and amenities. There is an ATM to draw money here too. Alternatively, Mbazwana (15km from Coral) has a large Spar & PEP. There is also a doctor, hardware store and Post Office.

## Can I use a 2x4 vehicle to get there?

Most cars make it to Sodwana easily (from a 4x4 to a Chevy Spark). However, please note that you are in a marine reserve with sandy roads inside the park, so avoid really low suspensions or very hard tyres.

## How old must I be?

Anyone over the age of 10 years may do the course.

## Do I need a medical?

Diving is about having fun safely, so we need to ensure that everyone will run no risks. You are required to fill in the Dive Medical form, truthfully selecting the answers to questions on your health. If your answer raises concerns, you will need to do the PADI medical check-up at your doctor. The doctor must sign and state that you are 'fit to scuba dive'. Please bring the signed medical with you.





# 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 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

(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 activity. Please review the 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.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

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**