

DIVING MEDICAL EXAMINATION FOR SPORT DIVERS

Surname			What is your present diving qualification? (If in training indicate previous level)						
First Names			Beginner	OW 1	OW 2	Advanced	DM	Instructor	Other
Date of Birth	Age (in years)	Occupation	If other please specify: _____						
			Dive School: _____						
			Training organisation	NAUI	PADI	SAUU	SSI	PDIC	
Address				ID Number:			Telephone No		
							Postal Code		

MEDICAL HISTORY

Have you have ever had any of the following. If yes, please indicate the date and results:

1) Diving or insurance medical examination	Date: _____	Normal	Abnormal
2) Electrocardiogram (ECG)	Date: _____	Normal	Abnormal
3) Electro-encephalogram (EEG)	Date: _____	Normal	Abnormal
4) Chest X-ray	Date: _____	Normal	Abnormal

Why have you decided to do SCUBA diving?

Do you smoke? No Yes (If so, how much per week) _____

<i>Do you have or have you ever had</i>	Yes	No	<i>Do you have or have you ever had</i>	Yes	No
Frequent colds, sore throat, hayfever or sinus trouble			Severe or frequent headaches (eg. migraine or tension headaches)		
Trouble breathing through nose (other than during colds)			Head injury causing unconsciousness or memory loss		
Ear problems, infections, grommets, operations, burst eardrum			Dizzy spells, fainting spells, fits, or epilepsy		
Hardness of hearing			Trouble sleeping, frequent nightmares, or sleepwalking		
Asthma or bronchitis			Nervous breakdown or periods of depression		
Shortness of breath after mild exercise			A phobia for closed-in spaces, large open places or high places		
History of chest pain, pleurisy or angina			Any neurological or psychological condition		
Collapsed lung (pneumothorax)			Are you an anxious person or do you think you are susceptible to panic		
Persistent cough (eg. more than three months per year)			Alcoholism or any drug or narcotic habit		
Wheezing after exercise (especially in cold weather)			Jaundice or hepatitis		
Spells of fast, irregular or pounding heartbeat			Train, sea, or air-sickness or nausea		
High or low blood pressure			Tuberculosis		
Any kind of "heart trouble" (eg. heart attack, rheumatic fever, etc)			Diabetes (sugar sickness)		
Frequent upset stomach, heartburn or indigestion or peptic ulcer			Recent gain or loss of weight or appetite		
Frequent diarrhoea or blood in stool			Any operations (excluding removal of tonsils and wisdom teeth)		
Anaemia or (females) heavy menstruation			Any serious accident, illness or injury not mentioned above		
Bellyache or backache lasting more than a day or two			Dental bridgework, plates or untreated cavities		
Kidney or bladder disease (blood, sugar or protein in urine)			Pain or discomfort with changes in altitude or flying		
Broken bone, serious sprain or strain, dislocated joint			Do you regularly engage in sport or exercise?		
Rheumatism, arthritis, or other joint trouble			Any medical problem not listed already		

I, the undersigned have been made fully aware of the importance of an accurate and complete medical history and have not, to the best of my knowledge, withheld any medical information. I realise that any undisclosed medical information may jeopardise my own diving safety.

I have also been informed of the importance of having a CHEST X-RAY taken for my diving medical and have decided / decided not (please indicate your choice) to have this done.

Signature of Diver _____ Date _____

REMARKS

PHYSICAL EXAMINATION

Mass <small>kg</small>	Height <small>cm</small>	Pulse rate <small>/min</small>	Blood Pressure <small>/</small>	Lying	Sitting	URINALYSIS (Readings only required if abnormal)					
						<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	Appearance	pH	Protein	Sugar	Blood

Mark each item in the appropriate column	NAD	ABN	Mark each item in the appropriate column	NAD	ABN
Head, face and neck			Lungs and Chest		
Mouth, throat, nose and sinuses			Heart		
Ears and eardrums (including Valsalva)			Vascular system and lymphatics		
Romberg			Urological or gynecological problems (examination performed if indicated)		
Hearing (all freq. < 25 dB - if not complete full audiogram)			Neurological system		
Eye examination and fundoscope			Spine and musculoskeletal		
VA Distance : Right Eye 6/			Skin		
VA Distance: Left Eye 6/			Phobias and psychological assessment		
Colour vision			Any problems with diving or dive training foreseen?	YES	NO

SUMMARY OF ABNORMAL FINDINGS

LUNG FUNCTION TEST RESULTS			AUDIOLOGICAL EXAMINATION (Only required if > 25 dB)								
TEST	RESULT	%	Ear	250	500	1000	2000	3000	4000	6000	
FVC			Right								
FEV1			Left								
FEV1%			SPECIAL EXAMINATIONS								
PEFR			Stress ECG	Performed	Y	N				NAD	ABN
F25			Chest X-Ray report		Y	N				NAD	ABN

Are any other tests indicated?	YES	NO	If YES, please specify
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SUMMARY OF FINDINGS OF SPECIAL TESTS

Significant medical history / findings
 Abnormal, but insignificant medical history / findings
 No abnormal medical findings

FINAL IMPRESSION

<i>APPROVAL</i>	I find no defects that I consider incompatible with diving.
<i>CONDITIONAL APPROVAL</i>	I do not consider diving to be in this person's best interests but find no defects that present marked risk. I have discussed my
<i>DISAPPROVAL</i>	This applicant has defects that, in my opinion, constitute unacceptable hazards to his/her health and safety in diving.

RESTRICTIONS, PRECAUTIONS, RECOMMENDATIONS

Signature of Diving Medical Examiner

Date

I, the undersigned, hereby acknowledge both the presence and significance of positive medical findings made during this dive medical examination as well as the reasons for the abovementioned recommendations/restrictions made to control or prevent any undue risks associated with them.

Signature of Diver

Date