

SCUBA DIVING MEDICAL FORM FOR SPORTS DIVERS

CANDIDATE DETAILS: THIS SECTION TO BE COMPLETED BY CANDIDATE Positive responses to questions do not necessarily disqualify you from diving

1	Surname	Other names		2) Date of birth	
3	Address				Phone (home)
4	Sex		Male		Female
5	Principal occupation				Phone (work)
6	Do you participate in any regular physical activity?	•	YES	NO	
7	Description of activity				
8	Do you smoke?		YES	NO	
9	Do you dink alcohol?		YES	NO	
10	If yes now many drinks per week?				
11	Are you taking any tablets. medicines or Other dru YES NO Li	ıgs? st:			
12	Do you have any allergies? YES NO D	etails:			
13	Have you had any reactions to drugs, medicines of YES NO D	or food? etails:			

Have you ever had or do you now have any of the following? Tick YES or No

	YES	NO	Notes on history
14 Previous diving medical			
15 Prescription glasses			
16 Contact lenses			
17 Eye or visual problems			
18 Hay fever			
19 Sinusitis			
20 Any other nose or throat problem			
21 Dentures/plates. dental prostheses			
22 Recent dental procedures			
23 Deafness or ringing noises in ears			
24 Discharging ears or other infections			
25 Operation on ears			
26 Giddiness or loss of balance			
27 Severe motion sickness			
28 Seasickness medication			
29 Any problem when flying in aircraft			
30 Severe or frequent headaches			
31 Migraine			
32 Fainting or blackouts			
33 Convulsions, fits or epilepsy			
34 Unconsciousness			
35 Concussion or head injury			
36 Sleepwalking			
37 Severe depression			
38 Claustrophobia			
39 Mental illness			
40 Heart disease			
41 Abnormal blood test			
42 ECG (heart tracing)			
43 Consciousness of your heart beat			
44 High blood pressure			
45 Rheumatic fever			
46 Discomfort in your chest with exertion			
47 Shortness of breath on exertion			
48 Bronchitis or pneumonia			
49 Pleurisy or severe chest pain			

	YES	NO	Notes on history
50 Coughing up phlegm or blood			
51 Chronic or persistent cough			
52 TB			
53 Pneumothorax (collapsed lung)			
54 Frequent chest colds			
55 Asthma or wheezing			
56 Use a puffer			
57 Other chest complaint			
58 Operation on chest, lungs or heart			
59 Indigestion, peptic ulcer or acid reflux			
60 Vomiting blood or passing red or black motions			
61 Recurrent vomiting or diarrhea			
62 Jaundice. hepatitis or liver disease			
63 Malaria or other tropical disease			
64 Severe less of weight			
65 Hernia or rupture			
66 Major joint or back injury			
67 Limitation of movement			-
68 Fractures (broken bones)		1	
69 Paralysis or muscle weakness			1
70 Kidney or bladder disease (cystitis)			
71 In a high risk group for HIV or AIDS			
72 Syphilis		1	1
73 Diabetes		1	1
74 Blood disease or bleeding problem			<u> </u>
75 Skin disease			
76 Contagious disease			+
77 Operation		-	
78 In hospital for any reason		-	
79 Life insurance rejected		1	
80 A job or a license refused on medical grounds		-	
81 Unable to work for medical reasons			
82 An invalid pension		-	
83 Any other illness or injury or any other medical condition			
84 Have any blood relation had heart disease		-	
85 Asthma or chest disease		1	
Famalas auto		1	
Females only			1
87 Are you possibly pregnant or planning to be?			
88 Do you have any incapacity during periods?			
00 Date of last shoot V ray			
89 Date of last chest X-ray			
Previous diving experience			
. To though all might support the support to the su			
	YES	NO	Notes on history
90 Can you swim?			
91 Have you ever had any problems during or after			
swimming or diving			
92 Have you ever had to be rescued?			
93 Do you snorkel dive regularly?			
94 Have you tried SCUBA diving before?			
95 Have you had previous formal SCUBA training?			
96 Year			
97 Approximate number of dives			
98 Maximum depth of any dive			
99 Longest duration of any dive			
Locatify that the above information 1.	. 4 - 4l 1 · ·	-6 !	due and I haveby
I certify that the above information is true and compete			
Dr to give medical or diving instructor. I also authorize him or her to obtain or			emporary or permanent unfitness to dive to n
be necessary for medical purposes in my personal inte		uicai ii ii0i111all	on regarding the from or to other doctors as h
so necessary for medical purposes in my personal line	5,031		
Signed		Date	
		_ 4.0 _	

This page MUST be returned to Indepth Scuba.

THIS SECTION IS TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

Tille	SECTIO	/N 13 1 V	O BE COM		DBIA	INCOISTE!	KED WIE	DICALTI	(ACIIIIO	NLIX
1 Height	2 Weig	ht		3 Visio		orr6/	4 Bloo	od pressure	•	5 Pulse
cm			kg	L6/	<u>Cc</u>	orr6/				
6 Urinalysis 7 Respiratory fund Vital capacity Albumen Glucose FEV ₁ Percentage				ction test				Date Plac	st X-ray (if i	
9 Audiometry	50	00	1000	20	000	3000		4000	6000	8000
Frequency Hz										
Loss in dB (R) Loss in dB (L)										
2000 III GD (L)			abnormal or	otor in div	vor's loab	ook on cort	ificato or	hoth		
If abnormal, enter in diver's logbook. on certificate, or both. Clinical examination/assessment Normal Abnormal Notes on abnormalities										
10 Nose, septum, airway	essment		Nom	aı T	Abno	omai		Notes	on abnomia	anues
11 Mouth, throat, teeth, bite	,									
12 External auditory canal										
13 Tympanic membrane										
14 Middle ear auto-inflation	l									
15 Neurological										
- Eye movements										
Pupillary reflexes Limb reflexes										
- Finger/nose										
- Sharpened Romberg*										
16 Abdomen										
17 Chest hyperventilation										
18 Cardiac auscultation										
19 Other abnormalities										
Results should be descriptively detailed at right to assist future comparison.										
STATEMENT OF HEALTH FOR RECREATIONAL DIVING										
THIS SECTION IS TO BE COMPLETED BY THE MEDICAL PRACTITIONER										
FIT TO DIVE	FIT TO DIVE YES Advice put on certificate									

FIT TO DIVE	YES	Advice put on certifica	te					
NO	Temporary	Reason:						
NO	Permanent	Reason:						
This is to certify that today	I have interviewed a	and examined;						
Name			Date of Birth/					
Address								
Initial those statements tha	ot do apply and dele	te those that do not:						
I have assessed								
I can find no con breath-hold divin		mpatible with compressed gas, scuba and surfa	ace supplied breathing apparatus (SSBA) and or					
	I have explained the potential health risks of diving to the candidate and we have discussed how these risks may be reduced. The candidate appears to have a good understanding of these risks.							
Based upon my	assessment, the ca	ndidate should not dive with compressed gasse	es (scuba and SSBA).					
Based upon my	assessment, the ca	ndidate should not breath-hold dive.						
(Signature of Medical Prac	titioner)	(Name of Medical Practitioner)	(Date)					
THIS SECTION IS TO BE	COMPLETED BY 1	HE CANDIDATE						
Initial those statements tha	t do apply and dele	te those that do not:						
I understand the	health risks that I m	ay encounter in diving and how these risks may	y be reduced.					
I also understand	d that the medical p	ractitioner's recommendation herewith is based	, in part, upon the disclosure of my medical history.					
			participation in underwater diving, including those that any existing or past health condition to the medical					
(Signature of Candidat	(e)	(Name of Candidate)	(Date)					

ADVICE TO THE EXAMINING PHYSICIAN

Issuing an itemized account, which enables the patient to claim Medicare benefits for diving medical examinations, has been prohibited since 1 February 1984.

Diving is a sport carried on in a non-respirable environment using breathing apparatus. Sudden unconsciousness underwater is usually fatal when using SCUBA equipment, as the relaxation of muscle tone accompanying unconsciousness results in the breathing regulator falling from the victim's mouth. The diver's next breath will then be water. This makes any condition which can cause sudden unconsciousness an absolute bar to diving. Such conditions include epilepsy and diabetes where the patient requires insulin.

A further problem with the water environment is that pressure increases very rapidly with descent, i.e. by one atmosphere of extra pressure for every 10 m of depth in the sea. The use of breathing apparatus, providing gas at ambient pressure, prevents problems of pressure-volume imbalance in the lungs during descent. However, the middle ears and sinuses will develop problems on descent unless the pressure in these spaces equals the ambient pressure. There is no way of establishing the patency of sinus ostia by clinical examination. However, patency of the Eustachian tubes, and so the ability to equalize the middle car pressures, can be established easily. Observation of the tympanic membrane while the patients holds his or her nose, shuts the mouth and blows (Valsalva manoeuvre) will reveal ingress of air to the middle ear by movement of the drum. The Eustachian tube opening in the nasopharynx is normally closed. Swallowing opens the ostium. Therefore, a combination of a Valsalva and swallowing during the manoeuvre will give the best chance for air to travel up the Eustachian tube. Another way of opening the Eustachian tube is to protrude the jaw and wriggle it from side to side while performing a Valsalva manoeuvre. Failure to auto-inflate a middle ear is an absolute bar to diving until the person can auto-inflate.

A further set of pressure related problems also occur during ascent when the ambient pressure is decreasing. If an air-filled space cannot vent when the surrounding pressure is reduced, two things can happen. A space with elastic sides can expand but if the space has rigid walls, the pressure in the space remaining at the original pressure becomes higher than ambient pressure. The chest wall is elastic, but after a certain expansion the stretching of the lungs results in tearing of the lung substance. Air can then enter the pulmonary venous drainage, pass through the left portion of the heart and be carried to the brain as air embolism. Unconsciousness and death can result. Thus, any condition preventing normal emptying of the lungs is an absolute bar to diving.

Lung cysts, bullae, and other areas that empty slowly or not at all are an absolute bar to breathing air under pressure. These conditions are best detected by taking an X-ray of the chest in full inspiration and another in full expiration. Asthma is another such condition. To detect expiratory airway obstruction, a Vitalograph (or similar) test is required. Experience in the navies of the world, with submarine escape training of many thousands, has shown that a disproportionate number of those suffering burst lungs have FEV₁/FVC ratios of below 75%. Such people do not need to hold their breath on ascent to damage their lungs; all they have to do is rise too rapidly. People with FEVt/FVC ratio below 75% cannot be considered fit for diving.

A normal FEV₁/FVC ratio but clinical signs of bronchospasm, especially on forced deep, rapid ventilation, is an indication of unfitness to dive. Treatment with drugs is not suitable as the effects can wear off underwater and the combined effects of pressure and bronchodilator drugs are uncertain.

It is hoped that the foregoing makes the following list of absolute and relative contraindications to diving logical and comprehensible: RELATIVE CONTRAINDICATIONS

ABSOLUTE CONTRAINDICATIONS Conditions causing unconsciousness Epilepsy

FEV₁/FVC ratio less than 75% Poor physical condition Diabetes where the patient requires insulin Previous myocardial infarction Pregnancy

ENT conditions

Inability to auto-inflate the middle ears. Previous middle ear surgery with insertion of prosthesis to replace any of the ossicles

Lung conditions Asthma Lung cysts Previous spontaneous pneumothorax Obstructive lung disease Lungs which empty unevenly (X-ray appearance) Previous thoracotomy

Further information about medical standards for minimum entry-level SCUBA divers is to be~found in AS 4005.1, available from Standards Australia.

If in doubt about a candidate's fitness, it is safer for the candidate to be classed as unfit than fit to dive. Difficult decisions should be referred to a doctor experienced in diving medicine. These are to be found in each State. The South Pacific Underwater Medicine Society maintains a list of its members with training in diving medicine. Enquiries should be addressed to tile Secretary of SPUMS. C/-Australian College of Occupational Medicine, P0 Box 2090, St Kilda West, Victoria 3182. URGENT specialist advice can be obtained from the hyperbaric units in each State, the RAN School of Underwater Medicine, HMAS Penguin, Balmoral, N.S.W. 2091, Phone: (02)9600444, and the Diving Emergency Service, C/- Hyperbaric Medical Unit, Royal Adelaide Hospital, Phone: (008) 08 8200.

Recommended reading

DIVING AND SUBAQUATIC MEDICINE Edmonds, C., Lowry, C., and Pennefather, 1., 2nd Edition, 1981. Revised 1983. Sydney: Diving Medical Centre.

*The South Pacific Underwater Medicine Society exists --

- to promote and facilitate the study of all aspects of underwater and hyperbaric medicine; and
- to provide information on underwater and hyperbaric medicine.