

MEDICAL EXAM INFORMATION AND FORMS

DIVING MEDICAL EXAM OVERVIEW FOR THE EXAMINING PHYSICIAN

TO THE EXAMINING PHYSICIAN:

This person, _____, requires a medical examination to assess his/her fitness for certification as a diver for the Maritime Heritage Chapter (MHC) of the Archaeological Society of Virginia. His /her answers on the Diving Medical History Form (attached), may indicate potential health or safety risks, as noted. Your evaluation is requested on the attached Scuba Diving Fitness Medical Evaluation Report.

Scuba and other modes of compressed-gas diving can be strenuous and hazardous. A special risk is present if the middle ear, sinuses or lung segments do not readily equalize air pressure changes. The most common cause of distress is eustachian insufficiency. Most fatalities involve deficiencies in prudence, judgment, emotional stability or physical fitness. Please consult the following list of conditions which usually restrict candidates from diving.

1. Tympanic membrane perforation or aeration tube
2. Inability to auto-inflate the middle ears
3. External ear exostoses or osteomas adequate to prevent external ear canal pressure equilibration
4. Meniere's Disease or other chronic vertiginous conditions, status post-surgery, such as subarachnoid endolymphatic shunt for Meniere's Disease
5. Stapedectomy and middle ear prosthesis
6. Chronic mastoiditis or mastoid fistula
7. Any oral or maxillofacial deformity that interferes with the retention of the regulator mouthpiece
8. Corrected near visual acuity not adequate to see tank pressure gauge, watch, decompression tables, and compass underwater. Uncorrected visual acuity not adequate to see the diving buddy or locate the boat in case corrective lenses are lost underwater
9. Radial keratotomy or other recent ocular surgery
10. Claustrophobia of a degree to predispose to panic
11. Suicidal ideation
12. Significant anxiety states
13. Psychosis

14. Severe depression
15. Manic states
16. Alcoholism
17. Mood-altering drug use
18. Improper motivation for diving
19. Episodic loss of consciousness
20. History of seizure. History of seizure in early childhood must be evaluated individually
21. Migraine
22. History of cerebrovascular accident or transient ischemic attack
23. History of spinal cord trauma with neurologic deficit - whether fully recovered or not
24. Any degenerative or demyelinating CNS process
25. Brain tumor with or without surgery
26. Intracranial aneurysm or other vascular malformation
27. History of neurological decompression sickness with residual deficit
28. Head injury with sequelae
29. History of intracranial surgery
30. Sickle cell disease
31. Polycythemia or leukemia
32. Unexplained anemia
33. History of myocardial infarction
34. Angina or other evidence of coronary artery disease
35. Unrepaired cardiac septal defects
36. Aortic stenosis or mitral stenosis
37. Complete heart block
38. Fixed second-degree heart block
39. Exercised-induced tachyarrhythmias
40. Wolf-Parkinson-White (WPW) Syndrome with paroxysmal atrial tachycardia or syncope
41. Fixed-rate pacemakers
42. Any drugs which inhibit the normal cardiovascular response to exercise tolerance
43. Peripheral vascular disease, arterial or venous, severe enough to limit exercise tolerance

44. Hypertension with end-organ finding - retinal, cardiac, renal or vascular
45. History of spontaneous pneumothorax
46. Bronchial asthma. History of childhood asthma requires special studies
47. Exercise or cold air-induced asthma
48. X-ray evidence of pulmonary blebs, bullae, or cysts
49. Chronic obstructive pulmonary disease
50. Insulin-dependent diabetes mellitus. Diet or oral medication-controlled diabetes mellitus if there is a history of hypoglycemic episodes
51. Any abdominal wall hernia with potential for gas-trapping until surgically corrected
52. Paraesophageal or incarcerated sliding hiatal hernia
53. Sliding hiatus hernia if symptomatic due to reflux esophagitis
54. Pregnancy
55. Osteonecrosis. A history consistent with a high risk of dysbaric osteonecrosis
56. Any condition requiring ingestion of the following medication: antihistamines, bronchodilators, steroids, barbiturates, phenytoin, mood-altering drugs, insulin

Attachments:

Medical Evaluation of Fitness for Scuba Diving Report

Diving Medical History Form

MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

Name of Applicant (Print or Type)

Date (Mo/Day/Year)

To The PHYSICIAN:

This person is an applicant for training or is presently certified to engage in diving with self-contained underwater breathing apparatus (SCUBA). This is an activity which puts unusual stress on the individual in several ways. Your opinion on the applicant's medical fitness is requested. Scuba diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease. An absolute requirement is the ability of the lungs, middle ear and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant.

TESTS: Please **initial** that the following tests were completed.

Initial Examination

Re-examination

or first over age 40

____ Medical History

____ Medical History

____ Chest X-Ray

____ 12 Lead EKG

____ Pulmonary function

____ Pulmonary function

____ Audiogram

____ Audiogram

____ Visual acuity

____ Visual acuity

____ Complete blood count (CBC)

____ Complete blood count (CBC)

____ Blood chemistry

____ Blood chemistry

____ Urinalysis

____ Urinalysis

RECOMMENDATION: Please check one:

- APPROVAL.** I find no medical condition(s) which I consider incompatible with diving.
- RESTRICTED ACTIVITY APPROVAL.** The applicant may dive in certain circumstances as described in REMARKS.
- FURTHER TESTING REQUIRED.** I have encountered a potential contraindication to diving. Additional medical tests must be performed before a final assessment can be made. See REMARKS.
- REJECT.** This applicant has medical condition(s) which, in my opinion, clearly would constitute unacceptable hazards to health and safety in diving

Required review by the MHC Diving Safety Officer.

APPROVAL

REMARKS:

_____ OVER

I have discussed the patient's medical condition(s) which would not seriously interfere with diving but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these defects.

_____ M.D.

Date

Signature

Name (Print or Type)

Address

Telephone Number

My familiarity with applicant is:

With this exam only

Regular Physician for _____ years

Other (describe) _____

My familiarity with diving medicine:

On attached list of physicians

Other (describe

APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the MHC Diving Safety Officer(s) on (date)_____.

Signature of Applicant _____

DIVING MEDICAL HISTORY FORM

(To Be Completed By Applicant-Diver)

Name _____ Sex ____ Age ____ Wt. ____ Ht. ____

TO THE APPLICANT:

Scuba diving makes considerable demands on your physical and emotional condition. Diving with particular defects amounts to asking for trouble not only for yourself, but to anyone coming to your aid if you get into difficulty in the water. Therefore, it is prudent to meet certain medical and physical requirements before beginning a diving or training program.

Your answers to the questions are more important, in many instances, in determining your fitness than what the physician may see, hear or feel when you are examined. Obviously, you should give accurate information, or the medical screening procedure becomes useless.

This form shall be kept confidential. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own physician and he/she must then indicate, in writing, that you have done so and that no health hazard exists.

Should your answers indicate a condition which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, his/her written authorization will be required for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that he/she is concerned only with your well-being and safety. Respect the advice and the intent of this medical history form.

	Yes	No	<i>Please indicate whether or not the following apply to you</i>	Comments
1			Convulsions, seizures, or epilepsy	
2			Fainting spells or dizziness	
3			Been addicted to drugs	
4			Diabetes	
5			Motion sickness or sea/air sickness	
6			Claustrophobia	
7			Mental disorder or nervous breakdown	
8			Are you pregnant?	
9			Do you suffer from menstrual problems?	

	Yes	No	<i>Please indicate whether or not the following apply to you</i>	Comments
10			Anxiety spells or hyperventilation	
11			Frequent sour stomachs, nervous stomachs or vomiting spells	
12			Had a major operation	
13			Presently being treated by a physician	
14			Taking any medication regularly (even nonprescription)	
15			Been rejected or restricted from sports	
16			Headaches (frequent and severe)	
17			Wear dental plates	
18			Wear glasses or contact lenses	
19			Bleeding disorders	
20			Alcoholism	
21			Any Problems related to diving	
22			Nervous tension or emotional problems	
23			Take tranquilizers	
24			Perforated ear drums	
25			Hay fever	
26			Frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose	
27			Frequent earaches	
28			Drainage from the ears	
29			Difficulty with your ears in airplanes or on mountains	
30			Ear surgery	
31			Ringing in your ears	
32			Frequent dizzy spells	
33			Hearing problems	
34			Trouble equalizing pressure in your ears	
35			Asthma	
36			Wheezing attacks	

	Yes	No	<i>Please indicate whether or not the following apply to you</i>	Comments
37			Cough (chronic or recurrent)	
38			Frequently raise sputum	
39			Pleurisy	
40			Collapsed lung (pneumothorax)	
41			Lung cysts	
42			Pneumonia	
43			Tuberculosis	
44			Shortness of breath	
45			Lung problem or abnormality	
46			Spit blood	
47			Breathing difficulty after eating particular foods, after exposure to particular pollens or animals	
48			Are you subject to bronchitis	
49			Subcutaneous emphysema (air under the skin)	
50			Air embolism after diving	
51			Decompression sickness	
52			Rheumatic fever	
53			Scarlet fever	
54			Heart murmur	
55			Large heart	
56			High blood pressure	
57			Angina (heart pains or pressure in the chest)	
58			Heart attack	
59			Low blood pressure	
60			Recurrent or persistent swelling of the legs	
61			Pounding, rapid heartbeat or palpitations	
62			Easily fatigued or short of breath	
63			Abnormal EKG	

	Yes	No	<i>Please indicate whether or not the following apply to you</i>	Comments
64			Joint problems, dislocations or arthritis	
65			Back trouble or back injuries	
66			Ruptured or slipped disk	
67			Limiting physical handicaps	
68			Muscle cramps	
69			Varicose veins	
70			Amputations	
71			Head injury causing unconsciousness	
72			Paralysis	
73			Have you ever had an adverse reaction to medication?	
74			Do you smoke?	
75			Have you ever had any other medical problems not listed? If so, please list or describe below;	

I certify that the above answers and information represent an accurate and complete description of my medical history.

Signature Date