

MEDICAL FORM FOR RECREATIONAL SCUBA DIVERS

Diving Candidates Details

SURNAME _____ GIVEN NAMES _____

DATE OF BIRTH _____

ADDRESS _____ POST CODE _____

SEX MALE _____ FEMALE _____

OCCUPATION _____

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**.

- _____ Could you be pregnant or are you attempting to become pregnant?
_____ Do you regularly take prescription or non prescription medication? (with exception of birth control)
_____ Are you over 45 years of age and have one or more of the following?
- currently smoke a pipe, cigars, or cigarettes
 - have a high cholesterol level
 - have a family history of heart attacks or strokes

Have you ever had or do you currently have...

- | | |
|--|--|
| _____ Asthma, or wheezing with breathing, or wheezing with exercise? | _____ History of diabetes |
| _____ Frequent or severe attacks of hayfever or allergy? | _____ History of back, arm or leg problems following surgery, injury or fracture? |
| _____ Frequent colds, sinusitis or bronchitis? | _____ Inability to perform moderate exercise (example: walk one mile within 12 minutes)? |
| _____ Any form of lung disease? | _____ History of high blood pressure or take medicine to control blood pressure? |
| _____ Pneumothorax (collapsed lung)? | _____ History of any heart disease? |
| _____ History of chest surgery? | _____ History of heart attacks? |
| _____ Claustrophobia or agoraphobia (fear of closed or open spaces)? | _____ Angina or heart surgery or blood vessel surgery? |
| _____ Behavioral health problems? | _____ History of ear or sinus surgery? |
| _____ Epilepsy, seizures, convulsions or take medications to prevent them? | _____ History of ear disease, hearing loss or problems with balance? |
| _____ Recurring migraine headaches or take medications to prevent them? | _____ History of problems equalising (popping) ears with airplane or mountain travel? |
| _____ History of blackouts or fainting (full/partial loss of consciousness)? | _____ History of bleeding or other blood disorders? |
| _____ Do you frequently suffer from motion sickness (seasick, carsick, etc)? | _____ History of any type of hernia? |
| _____ History of diving accidents or decompression sickness? | _____ History of ulcers or ulcer surgery? |
| _____ History of recurrent back problems? | _____ History of colostomy? |
| _____ History of back surgery? | _____ History of drug or alcohol abuse? |

The information I have provided about my medical history is accurate to the best of my knowledge.

Participant's Signature

Date (day/month/year)

Signatures of Parent or Guardian (where applicable)

Date (day/month/year)

ADVICE TO EXAMINING PHYSICIAN.

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Examined in accordance with the requirements of AS 4005.1, Appendix A.

Diving is a sport carried on in a non-respirable environment using breathing apparatus. Sudden unconsciousness underwater is usually fatal when using SCUBA equipment. Conditions such as epilepsy and diabetes where the patient requires insulin would therefore be an absolute bar to diving.

A further problem with the water environment is that pressure increases very rapidly with descent i.e., one atmosphere of extra pressure for every 10 metres 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 ear and sinuses will develop problems on descent unless the pressure in these spaces equals ambient. 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 equalise the middle ear pressures, can be established easily. Observation of the tympanic membrane while the patient holds his or her nose, shuts the mouth and blows (Valsalva manoeuvre) will reveal ingress of air to the middle ear by the movement of the drum. A combination of Valsalva and swallowing during the manoeuvre will give the best chance for air to travel up the Eustachian tube. 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 then a space with elastic sides will expand. If the space has rigid walls, the pressure in the space remains at the original pressure and thus becomes higher than ambient. 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 an 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. People with FEV /FVC ratio below 75% cannot be considered fit for diving

ABSOLUTE CONTRAINDICATIONS

CONDITIONS CAUSING UNCONSCIOUSNESS, Epilepsy, Diabetes (patient requiring insulin) 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, Previous thoracotomy.

RELATIVE CONTRAINDICATIONS

FEV /FVC ratio less than 75%, Poor physical condition, Previous myocardial infarction, Pregnancy.

MEDICAL EXAMINATION.

RESPIRATORY FUNCTION :

VITAL CAPACITY _____ FEV _____ PERCENTAGE _____

CLINICAL EXAMINATION:	NORMAL	ABNORMAL	NOTES
Nose, Septum, Airway	_____	_____	_____
Mouth, Throat, Teeth	_____	_____	_____
External auditory canal	_____	_____	_____
Tympanic membrane	_____	_____	_____

<u>Neurological</u>	NORMAL	ABNORMAL	NOTES
Eye Movements	_____	_____	_____
Pupillary reflexes	_____	_____	_____
Limb reflexes	_____	_____	_____
Finger to nose	_____	_____	_____
Sharpened Romberg	_____	_____	_____
Chest Hyperventilation	_____	_____	_____

I have examined _____ and found him/her to be FIT / UNFIT to dive (EXAMINED IN ACCORDANCE WITH A.S. 4005.1)

(COMMENTS _____)

Signed: _____

Printed Name _____

Address:

_____ Date ____/____/____