

12.1 DIVING MEDICAL EXAM OVERVIEW FOR THE EXAMINING PHYSICIAN

TO THE EXAMINING PHYSICIAN:

This person, _____, requires a medical examination to assess their fitness for certification as a Scientific Diver for the _____ (Organizational Member). Their 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. If you have questions about diving medicine, you may wish to consult one of the references on the attached list or contact one of the physicians with expertise in diving medicine whose names and phone numbers appear on an attached list, the Undersea Hyperbaric and Medical Society, or the Divers Alert Network. Please contact the undersigned Diving Safety Officer if you have any questions or concerns about diving medicine or the _____ standards. Thank you for your assistance.

Organizational Member

Diving Safety Officer

Date

Printed Name

Phone Number

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. Recent deaths in the scientific diving community have been attributed to cardiovascular disease. Please consult the following list of conditions that usually restrict candidates from diving.

(Adapted from Bove, 1998: bracketed numbers are pages in Bove)

12.1.1.1.1.1.1 CONDITIONS WHICH MAY DISQUALIFY CANDIDATES FROM DIVING

1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to autoinflate the middle ears. [5, 7, 8, 9]
2. Vertigo, including Meniere's Disease. [13]
3. Stapedectomy or middle ear reconstructive surgery. [11]
4. Recent ocular surgery. [15, 18, 19]
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression. [20 - 23]
6. Substance abuse, including alcohol. [24 - 25]
7. Episodic loss of consciousness. [1, 26, 27]
8. History of seizure. [27, 28]
9. History of stroke or a fixed neurological deficit. [29, 30]
10. Recurring neurologic disorders, including transient ischemic attacks. [29, 30]
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage. [31]
12. History of neurological decompression illness with residual deficit. [29, 30]
13. Head injury with sequelae. [26, 27]
14. Hematologic disorders including coagulopathies. [41, 42]
15. Evidence of coronary artery disease or high risk for coronary artery disease. [33 - 35]

16. Atrial septal defects. [39]
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying. [38]
18. Significant cardiac rhythm or conduction abnormalities. [36 - 37]
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD). [39, 40]
20. Inadequate exercise tolerance. [34]
21. Severe hypertension. [35]
22. History of spontaneous or traumatic pneumothorax. [45]
23. Asthma. [42 - 44]
24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae, or cysts. [45,46]
25. Diabetes mellitus. [46 - 47]
26. Pregnancy. [56]

13 APPENDIX 2

13.1 AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

TO THE EXAMINING PHYSICIAN

This person requires a medical examination to assess fitness for participation in Scientific Diving activities at Connecticut Scuba Academy. Your evaluation is requested on the attached *Medical Evaluation of Fitness for Scuba Diving Report* (Appendix 2). The medical exam should be conducted in conjunction with a review of the applicant's *Diving Medical History Form* (Appendix 3).

If you have questions about diving medicine, you may wish to consult one of the *Recommended Physicians with Expertise in Diving Medicine* or *Selected References in Diving Medicine* (Appendix 4). Please contact the CTSA Diving Safety Officer if you have any questions or concerns about diving medicine or Connecticut Scuba Academy standards. Thank you for your assistance.

Thomas J Montuori, Connecticut Scuba Academy Diving Safety Officer

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CONDITIONS WHICH MAY DISQUALIFY CANDIDATES FROM DIVING

(Adapted from Bove, 1998)

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. Recent deaths in the scientific diving community have been attributed to cardiovascular disease. ***The diver should be free of any chronic disabling disease and any conditions listed below for which restrictions from diving are generally recommended:***

1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to autoinflate the middle ears.
2. Vertigo including Meniere's Disease.
3. Stapedectomy or middle ear reconstructive surgery.
4. Recent ocular surgery.
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression.
6. Substance abuse, including alcohol.
7. Episodic loss of consciousness.
8. History of seizure.
9. History of stroke or a fixed neurological deficit.
10. Recurring neurological disorders, including transient ischemic attacks.
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage.
12. History of neurological decompression illness with residual deficit.
13. Head injury with sequelae.
14. Hematologic disorders including coagulopathies.
15. Evidence of coronary artery disease or high risk for coronary artery disease.
16. Atrial septal defects.
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying.
18. Significant cardiac rhythm or conduction abnormalities.
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD).
20. Inadequate exercise tolerance.
21. Severe hypertension.
22. History of spontaneous or traumatic pneumothorax.
23. Asthma.
24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae or cysts.
25. Diabetes mellitus.
26. Pregnancy.

Name of Applicant:		
Date of Birth:	Date of Initial Exam:	Date of Current Exam:

To The Physician: Scientific divers require periodic medical examinations to assess their fitness to engage in diving with self-contained underwater breathing apparatus (scuba). The answers on the Diving Medical History Form may indicate potential health or safety risks as noted. Scuba diving is an activity that puts unusual stress on the individual in several ways. Your evaluation and opinion on the applicant's medical fitness are requested on this Medical Evaluation Report. 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 ears, and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant. If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

THE FOLLOWING TESTS ARE REQUIRED:

DURING ALL INITIAL AND PERIODIC RE-EXAMS (UNDER AGE 40):

- Medical history
- Complete physical exam, with emphasis on neurological and otological components
- Urinalysis
- Any further tests deemed necessary by the physician

ADDITIONAL TESTS DURING INITIAL AND PERIODIC RE-EXAMS (OVER AGE 40):

- Chest x-ray (Required only during first exam over age 40)
- Resting EKG
- Assessment of coronary artery disease using Multiple-Risk-Factor Assessment
- (age, lipid profile, blood pressure, diabetic screening, smoking)
- Note: Exercise stress testing may be indicated based on Multiple-Risk-Factor Assessment

PHYSICIAN'S STATEMENT:

I have evaluated this individual according to the Diving Medical Exam Overview for the Examining Physician, the provided Medical History Report, and the required tests listed above. I have discussed with the patient any medical condition(s) that would not disqualify them from diving, but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these conditions.

<p>_____ Diver IS medically qualified to dive for:</p> <p>(Initials)</p> <p><input type="checkbox"/> 2 years (over age 60)</p> <p><input type="checkbox"/> 3 years (age 40-59)</p> <p><input type="checkbox"/> 5 years (under age 40)</p>	<p>_____ Diver IS NOT medically qualified to dive:</p> <p>(Initials)</p> <p><input type="checkbox"/> Permanently</p> <p><input type="checkbox"/> Temporarily</p>
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Physician Signature: ___, M.D./ D.O. Date: _____

13.2 PHYSICIAN INFORMATION

Name:

Address:

Phone: _____ Email/Web: _____

My familiarity with applicant (check one):

- ☐ Regular Physician for _____ years
- ☐ Other (describe)

My Familiarity with diving medicine is:

- ☐ With this exam only
- ☐ Other:

NOTE: Initial approval does not guarantee admission to the program. CTSA reserves the right to request additional screening by physicians qualified in diving and hyperbaric medicine or other associated specialties.

PHYSICIANS REMARKS

Physician Signature: _____, M.D./D.O. Date: ____/____/____

14 APPENDIX 2B

14.1 AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM

Name of Applicant (Print or Type)

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the _____ Diving Safety Officer and Diving Control Board or their designee at (place)
_____ on (date)

Signature of Applicant _____ Date

REFERENCES

¹ Grundy, S.M., Pasternak, R., Greenland, P., Smith, S., and Fuster, V. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement. *Journal of the American College of Cardiology*, 34: 1348-1359. <http://content.onlinejacc.org/cgi/content/short/34/4/1348>

15 APPENDIX 3

15.1 DIVING MEDICAL HISTORY FORM

(To Be Completed by Applicant-Diver)

Name_____ Sex_____ Wt._____ Ht._____ DOB._____/_____/____

Sponsor_____ Date____/____/____

(Dept./Project/Program/School, etc.)

(Mo/Day/Yr.)

TO THE APPLICANT:

Scuba diving places considerable physical and mental demands on the diver. Certain medical and physical requirements must be met before beginning a diving or training program. Your accurate answers to the questions are more important, in many instances, in determining your fitness to dive than what the physician may see, hear or feel as part of the diving medical certification procedure.

This form must be kept confidential by the examining physician. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you must subsequently discuss that matter with your own physician who 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, their written authorization will be required in order for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that they are concerned only with your well-being and safety.

	Yes	No	Please indicate whether or not the following apply to you	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?	
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 non-prescription)	
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	
	Yes	No	Please indicate whether or not the following apply to you	Comments
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	
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	

	Yes	No	Please indicate whether or not the following apply to you	Comments
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	
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;	
76			Is there a family history of high cholesterol?	
77			Is there a family history of heart disease or stroke?	
78			Is there a family history of diabetes?	
79			Is there a family history of asthma?	
80			Date of last tetanus shot? Vaccination dates?	

Please explain any “yes” answers to the above questions.

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

Signature

Date