

APPENDIX 2
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

_____ Medical History
_____ Complete Physical Exam with emphasis
on neurological and otological components
_____ Chest X-Ray
_____ Spirometry
_____ Hematocrit or Hemoglobin
_____ Urinalysis
_____ Any further tests deemed necessary by the
physician

Additional testing for first over age 40

_____ Resting EKG
_____ Assessment of coronary artery disease risk
factors including lipid profile and diabetic
screening

Note: Exercise stress testing may be indicated based on risk factor analysis

**[] Re-examination (Every 5 years under age
40, or first exam over age 40, every 3 years over
age 40, every 2 years over age 60)**

_____ Medical History
_____ Complete Physical Exam, with emphasis
on neurological and otological components
_____ Hematocrit or Hemoglobin
_____ Urinalysis
_____ Any further tests deemed necessary by the
physician.

Additional testing for over age 40

_____ Resting EKG
_____ Assessment of coronary artery disease risk
factors including lipid profile and diabetic
screening

RECOMMENDATION:

[] 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

OVER

REMARKS:

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.

Date Signature M.D.

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 is:

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 _____ Diving Safety Officer and Diving Control Board or their designee at (place) _____ on (date) _____.

Signature of Applicant _____