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 University of South Florida or the Florida Institute of Oceanography. 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. Please contact the undersigned Diving Safety Officer if you have any questions or concerns about diving medicine or the University of South Florida or the Florida Institute of Oceanography standards. Thank you for your assistance.

William Dent or Benjamin Meister
Diving Safety Officers

________________________  ______________
Date

4202 E. Fowler Ave. / PED-214; Tampa, Florida 33620  813-974-5018
Mailing Address         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. Most fatalities involve deficiencies in prudence, judgment, emotional stability, or physical fitness. Please consult the following list of conditions that usually restrict candidates from diving.
(Adapted from Bove, 1998: bracketed numbers are pages in Bove)

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]
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\(^1\). [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\(^2\). [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]

SELECTED REFERENCES IN DIVING MEDICINE
Most of these are available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100, the Divers Alert Network (DAN) or the Undersea and Hyperbaric Medical Association (UHMS), Bethesda, MD.

- Alert Diver Magazine; Articles on diving medicine [http://www.diversalertnetwork.org/medical/articles/index.asp]
- “Are Asthmatics Fit to Dive?” Elliott DH, ed. 1996 Undersea and Hyperbaric Medical Society, Kensington, MD.


\(^2\) “Are Asthmatics Fit to Dive?” Elliott DH, ed. 1996 Undersea and Hyperbaric Medical Society, Kensington, MD.
To The Examining Physician: Scientific divers require periodic scuba diving medical examinations to assess their fitness to engage in diving with self-contained underwater breathing apparatus (scuba). Their 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 is requested on this Medical Evaluation form. 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 (see references, following page). 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. Please proceed in accordance with the AAUS Medical Standards (Sec. 6.00). If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

TESTS: 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 FIRST EXAM OVER AGE 40 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 Assessment¹ (age, lipid profile, blood pressure, diabetic screening, smoking)
  Note: Exercise stress testing may be indicated based on Multiple-Risk-Factor Assessment²

PHYSICIAN'S STATEMENT:

01 Diver IS medically qualified to dive for: 2 years (over age 60)
  3 years (age 40-59)
  5 years (under age 40)

02 Diver IS NOT medically qualified to dive: Permanently Temporarily.

I have evaluated the abovementioned individual according to the American Academy of Underwater Sciences medical standards and required tests for scientific diving (Sec. 6.00 and Appendix 1) and, in my opinion, find no medical conditions that may be disqualifying for participation in scuba diving. I have discussed with the patient any medical condition(s) that would not disqualify him/her 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.

__________________________ MD or DO __________________________
Signature Date

Name (Print or Type)

Address

Telephone Number E-Mail Address

My familiarity with applicant is: This exam only Regular physician for years

My familiarity with diving medicine is:
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

USF SCIENTIFIC DIVING MEDICAL HISTORY FORM

(To Be Completed By Applicant-Diver)

Name ______________________________________   Sex ____ Age ___  Wt.___ Ht. ___.

Sponsor ____________________________________________ Date ___/___/___
(Dept./Project/Program/School, etc.)                   (Mo/Day/Yr)

TO THE APPLICANT:

Scuba diving makes considerable demands on you, both physically and mentally. Diving with certain medical conditions may be asking for trouble not only for yourself, but also 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 as important, in determining your fitness as your physical examination. 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 they 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. Please respect the advice and the intent of this medical history form.

<table>
<thead>
<tr>
<th>Have you ever had or do you presently have any of the following?</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1. Trouble with your ears, including ruptured eardrum, difficulty clearing your ears, or surgery.</td>
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<td>2. Trouble with dizziness.</td>
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<td>3. Eye surgery.</td>
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<td>4. Depression, anxiety, claustrophobia, etc.</td>
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<td>5. Substance abuse, including alcohol.</td>
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<td>7. Epilepsy or other seizures, convulsions, or fits.</td>
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<td>8. Stroke or a fixed neurological deficit.</td>
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<td>9. Recurring neurologic disorders, including transient ischemic attacks.</td>
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<td>10. Aneurysms or bleeding in the brain.</td>
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<td>11. Decompression sickness or embolism.</td>
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<td>12. Head injury.</td>
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<td>13. Disorders of the blood, or easy bleeding.</td>
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<td>15. Anatomical heart abnormalities including patent foramen ovale, valve problems, etc.</td>
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<td>16. Heart rhythm problems.</td>
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<td>17.</td>
<td>Need for a pacemaker.</td>
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<td>18.</td>
<td>Difficulty with exercise.</td>
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<td>19.</td>
<td>High blood pressure.</td>
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<td>22.</td>
<td>Other lung disease.</td>
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<td>23.</td>
<td>Diabetes mellitus.</td>
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<td>25.</td>
<td>Surgery If yes explain below.</td>
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<td>26.</td>
<td>Hospitalizations. If yes explain below.</td>
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<td>27.</td>
<td>Do you take any medications? If yes list below.</td>
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<td>28.</td>
<td>Do you have any allergies to medications, foods, and environmentals? If yes explain below.</td>
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<td>29.</td>
<td>Do you smoke?</td>
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<td>30.</td>
<td>Do you drink alcoholic beverages?</td>
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<td>31.</td>
<td>Is there a family history of high cholesterol?</td>
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<td>32.</td>
<td>Is there a family history of heart disease or stroke?</td>
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<td>33.</td>
<td>Is there a family history of diabetes?</td>
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<td>34.</td>
<td>Is there a family history of asthma?</td>
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Please explain any “yes” answers to the above questions.

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

________________________  _____________
Signature                    Date