

MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

Name of Applicant (Print or Type)

Birth 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 exam over age 40

- Resting EKG
- Assessment of coronary artery disease using Multiple Risk Factor Assessment¹ (age, lipid profile, blood pressure, diabetic screening, smoker) Note: Exercise stress testing may be indicated based on risk factor assessment.²

Re-examination (Every 5 years under 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 over age 40

- Resting EKG
- Assessment of coronary artery disease using Multiple Risk Factor Assessment¹ (age, lipid profile, blood pressure, diabetic screening, smoker) Note: Exercise stress testing may be indicated based on risk factor assessment.²

¹ "Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations." Grundy et. al. 1999. AHA/ACC Scientific Statement. <http://www.acc.org/clinical/consensus/risk/risk1999.pdf>

²Gibbons RJ, et al. ACC/AHA Guidelines for Exercise Testing. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Exercise Testing). Journal of the American College of Cardiology. 30:260-311, 1997. <http://www.acc.org/clinical/guidelines/exercise/exercise.pdf>

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

REMARKS:

I have evaluated the above-mentioned individual according to the American Academy of Underwater Sciences medical standards for scientific diving (Section 6.00), and find no conditions that may be disqualifying.
 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:
- Training in Hyperbaric Medicine.
 - Contact with the Divers Alert Network (919)684-2948
 - 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 East Carolina University Diving Safety Officer and Diving Control Board or their designee at ECU Diving Safety Office on (date) _____.

Signature of Applicant _____

Printed Name _____