

# The SPUMS Diving Medical

## PRE-DIVE MEDICAL FORM FOR PROSPECTIVE ENTRY-LEVEL SCUBA DIVERS

### The Diving Facts

**A diving medical assessment** considers any disorder which can cause an increased risk of sudden death, impaired consciousness, risk of disorientation, impaired mobility, risk of barotraumas & decompression illness which may render a person unfit for scuba diving.

**Physical fitness is not synonymous with medical fitness to dive.** Diving takes place in an unforgiving environment with substantial pressure changes occurring in relatively short intervals & specific medical standards are therefore required. Certain conditions are absolute contraindications to diving, while some are relative contraindications which may not permanently preclude diving.

If in the course of an examination relative contraindications are identified, you will be informed as to the hazards and advisable restrictions (e.g. maximum depth 18m, or decompression requirements), these shall be documented in the 'advice' section of the medical certificate. Any applicant considered not suitable for diving on medical grounds is generally referred to a specialist diving physician. A certificate of fitness, unfitness (or temporary unfitness) pending further examination, to dive shall be forwarded directly to the dive school.

The first two pages are to be completed by the candidate.

|                      |       |        |         |
|----------------------|-------|--------|---------|
| Surname              |       |        |         |
| Other Names          |       |        |         |
| Date of Birth        |       |        |         |
| Address              |       |        |         |
| Telephone            | Home: | Work:  | Mobile: |
| Sex                  | Male  | Female |         |
| Principal Occupation |       |        |         |
| Intended Dive School |       |        |         |

|  |     |    |
|--|-----|----|
| Do you participate in any regular physical activity?<br>Description of activity: | Yes | No |
| Do you smoke?<br>If so, how many per day?  | Yes | No |
| Do you drink alcohol?<br>How many drinks a week?                                 | Yes | No |
| Are you taking any tablets, medicines or drugs?<br>List:                         | Yes | No |
| Do you have any allergies?<br>List:  | Yes | No |
| Have you had any reactions to drugs, medicines or foods?<br>Details:             | Yes | No |

Have you ever had, or do you now have, any of the following? Tick Yes or No.

| Notes on history:                                  | Yes | No |
|--|-----|----|
| 1. Previous diving medical                         |     |    |
| 2. Prescription glasses                            |     |    |
| 3. Contact lenses                                  |     |    |
| 4. Eye or visual problems                          |     |    |
| 5. Hay fever                                       |     |    |
| 6. Sinusitis                                       |     |    |
| 7. Other nose or throat problem                    |     |    |
| 8. Dentures/plates etc                             |     |    |
| 9. Recent dental procedures                        |     |    |
| 10. Deafness or ringing noises in ear(s)           |     |    |
| 11. Discharging ears or other infections           |     |    |
| 12. Operation on ears                              |     |    |
| 13. Giddiness or loss of balance                   |     |    |
| 14. Severe motion sickness                         |     |    |
| 15. Seasickness medication                         |     |    |
| 16. Problems when flying in aircraft               |     |    |
| 17. Severe or frequent headaches                   |     |    |
| 18. Migraine                                       |     |    |
| 19. Fainting or blackouts                          |     |    |
| 20. Convulsions, fits or epilepsy                  |     |    |
| 21. Unconsciousness                                |     |    |
| 22. Concussion or head injury                      |     |    |
| 23. Sleep-walking                                  |     |    |
| 24. Severe depression                              |     |    |
| 25. Claustrophobia                                 |     |    |
| 26. Mental illness                                 |     |    |
| 27. Heart disease                                  |     |    |
| 28. Abnormal blood test                            |     |    |
| 29. ECG (heart tracing)                            |     |    |
| 30. Awareness of your heart beat                   |     |    |
| 31. High blood pressure                            |     |    |
| 32. Rheumatic fever                                |     |    |
| 33. Discomfort in your chest with exertion         |     |    |
| 34. Bronchitis or pneumonia                        |     |    |
| 35. Pleurisy or severe chest pain                  |     |    |
| 36. Coughing up phlegm or blood                    |     |    |
| 37. Chronic or persistent cough                    |     |    |
| 38. TB   |     |    |
| 39. Pneumothorax ("collapsed lung")                |     |    |
| 40. Frequent chest colds                           |     |    |
| 41. Asthma or wheezing                             |     |    |
| 42. Use a puffer                                   |     |    |
| 43. Other chest complaint                          |     |    |
| 44. Operation on chest, lungs or heart             |     |    |
| 45. Indigestion, peptic ulcer or acid reflux       |     |    |
| 46. Vomiting blood or passing red or black motions |     |    |
| 47. Recurrent vomiting or diarrhoea                |     |    |
| 48. Jaundice, hepatitis or liver disease           |     |    |

|   |  |  |
|---|--|--|
| 49. Malaria or other tropical disease                       |  |  |
| 50. Severe loss of weight                                   |  |  |
| 51. Hernia or rupture                                       |  |  |
| 52. Major joint or back injury                              |  |  |
| 53. Limitation of movement                                  |  |  |
| 54. Fractures (broken bones)                                |  |  |
| 55. Paralysis, muscle weakness or numbness                  |  |  |
| 56. Kidney or bladder disease (cystitis)                    |  |  |
| 57. Any chronic disease (see note below)                    |  |  |
| 58. Any sexually transmitted disease                        |  |  |
| 59. Diabetes  |  |  |
| 60. Blood disease or bleeding problem                       |  |  |
| 61. Skin disease  |  |  |
| 62. Contagious disease                                      |  |  |
| 63. Operations  |  |  |
| 64. In hospital for any reason                              |  |  |
| 65. Life insurance rejected                                 |  |  |
| 66. A job or license refused on medical grounds             |  |  |
| 67. Unable to work for medical reasons                      |  |  |
| 68. An invalid pension                                      |  |  |
| 69. Other illness or injury or any other medical conditions |  |  |

**Have any of your blood relations had:**

|                             | Yes | No |
|-----------------------------|-----|----|
| 70. Heart disease           |     |    |
| 71. Asthma or chest disease |     |    |
| 72. TB                      |     |    |

**Females only:**

|  | Yes   | No |
|--|-------|----|
| 73. Are you now pregnant or planning to be?    |       |    |
| 74. Do you have any incapacity during periods? |       |    |
| 75. Date of most recent chest x-ray            | Date: |    |

**Previous Diving Experience:**

|   | Yes | No |
|---|-----|----|
| 76. Can you swim?   |     |    |
| 77. Have you ever had any problem during or after swimming or diving?   |     |    |
| 78. Have you ever had to be rescued?  |     |    |
| 79. Do you snorkel dive regularly?  |     |    |
| 80. Have you tried scuba diving before?   |     |    |
| 81. Have you had previous formal scuba training?<br>Year trained:<br><br>Approximate number of dives<br><br>Maximum depth of any dive |     |    |

|                              |  |  |
|------------------------------|--|--|
| Longest duration of any dive |  |  |
|------------------------------|--|--|

I certify that the above information is true and complete to the best of my knowledge and I hereby authorize Dr Phil Keys to give medical opinion as to my fitness, or temporary or permanent unfitness to dive to my diving instructor. I also authorise him or her to obtain or supply medical information regarding me to other doctors as may be necessary for medical purposes in my personal interest.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Note**

*Any chronic disease, such as hepatitis A, B, C, AIDS or tuberculosis, may increase your risks from diving. If you have a chronic disease please discuss it with the doctor who will then be able to advise you whether you will be at increased risk.*

**MEDICAL EXAMINATION: To be completed by an approved medical practitioner**

|  |     |              |       |       |       |       |
|--|-----|--------------|-------|-------|-------|-------|
| Height (cm)  |     | Weight (kg)  |       |       |       |       |
| Blood pressure   |     | Pulse        |       |       |       |       |
| Visual Acuity  |     | Corrected 6/ |       |       |       |       |
| R6/  |     | Corrected 6/ |       |       |       |       |
| L6/  |     | Corrected 6/ |       |       |       |       |
| Urinalysis   |     |              |       |       |       |       |
| Albumen:   |     |              |       |       |       |       |
| Glucose:   |     |              |       |       |       |       |
| Respiratory function test (measured by equipment capable of reading to 7 litres)       |     |              |       |       |       |       |
| Vital capacity:  |     |              |       |       |       |       |
| FEV1:  |     |              |       |       |       |       |
| Percentage:  |     |              |       |       |       |       |
| Chest x-ray (if indicated)   |     |              |       |       |       |       |
| Date:  |     |              |       |       |       |       |
| Place:   |     |              |       |       |       |       |
| Result:  |     |              |       |       |       |       |
| Audiometry (air conduction) – if abnormal enter in diver’s log book and on certificate |     |              |       |       |       |       |
| Frequency, Hz  | 500 | 1,000        | 2,000 | 4,000 | 6,000 | 8,000 |
| Loss in DB(R)  |     |              |       |       |       |       |
| Loss in DB(L)  |     |              |       |       |       |       |

**Clinical Examination/Assessment**

|                            | Normal | Abnormal | Notes on Abnormalities |
|----------------------------|--------|----------|------------------------|
| Nose, septum, airway       |        |          |                        |
| Mouth, throat, teeth, bite |        |          |                        |
| External auditory canal    |        |          |                        |
| Tympanic membrane          |        |          |                        |
| Middle ear auto-inflation  |        |          |                        |
| Neurological eye movements |        |          |                        |

|                      |  |  |  |
|----------------------|--|--|--|
|                      |  |  |  |
| Abdomen              |  |  |  |
| Chest auscultation   |  |  |  |
| Cardiac auscultation |  |  |  |
| Other abnormalities  |  |  |  |
| ECG if indicated     |  |  |  |

**Medical Fitness to Dive:**

|                                      | Advice put on certificate |
|--------------------------------------|---------------------------|
| No contraindications                 |                           |
| Temporary contraindications (detail) |                           |
| Permanent contraindications (detail) |                           |

**Printed Name** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_