

AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

Name of Applicant (Print or Type)

Date of Evaluation (Month/Day/Year)

To The Examining or Supervising 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. 5.00). If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

NOTE: Although portions of this exam may be conducted by other medical professionals (P.A. or N.P.), final signature for diving must come from a Medical Doctor (M.D.) or Osteopath (D.O.).

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 Assessment¹

PHYSICIAN'S STATEMENT:

I have evaluated the above mentioned individual according to the 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.

_____ 01 I find no medical conditions that may be disqualifying for participation in SCUBA diving.
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.

Signature MD or DO _____
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: _____

**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 University of Southern California 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>

DIVING MEDICAL HISTORY FORM

Name _____ DOB ____ Age ____ Wt. ____ Ht. ____

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	
23			Take Tranquilizers	
24			Perforated ear drums	
25			Hay fever	

	Yes	No	Please indicate whether or not the following apply to you	Comments
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	
59			Stroke	
60			Low blood pressure	
61			Recurrent or persistent swelling of the legs	
62			Pounding, rapid heartbeat or palpitations	
63			Easily fatigued or short of breath	
64			Abnormal EKG	
65			Joint problems, dislocations or arthritis	

	Yes	No	Please indicate whether or not the following apply to you	Comments
66			Back trouble or back injuries	
67			Ruptured or slipped disk	
68			Limiting physical handicaps	
69			Muscle cramps	
70			Varicose veins	
71			Amputations	
72			Head injury causing unconsciousness	
73			Paralysis	
74			Have you ever had an adverse reaction to medication?	
75			Do you smoke?	
76			Have you ever had any other medical problems not listed? If so, please list or describe below;	
77			Is there a family history of high cholesterol?	
78			Is there a family history of heart disease or stroke?	
79			Is there a family history of diabetes?	
80			Is there a family history of asthma?	
81			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

RECOMMENDED PHYSICIANS WITH EXPERTISE IN DIVING MEDICINE

A List of Medical Doctors that have training and expertise in diving or undersea medicine can be found through the Undersea and Hyperbaric Medical Society or Divers Alert Network. See links below:

Name: Dr. Kristen Hornbeak

E-mail: khornbeak@gmail.com

Telephone: (650)-450-3505

Name: Divers Alert Network (DAN)

Website: <https://www.diversalertnetwork.org/medical/physicians.asp>

Telephone: (919) 684-2948 [Non-emergency medical information line]

Name: Undersea and Hyperbaric Medical Society (UHMS)

Website: <https://www.uhms.org/resources/diving-medical-examiners-list.html>

E-mail: uhms@uhms.org