APPENDIX 1
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 Maryland Center for Environmental Science. Their answers on the Diving Medical History Form (attached) may indicate potential health or safety risks as noted. Your evaluation is requested on the 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 the list. Please contact the Diving Safety Officer if you have questions or concerns about diving medicine or University of Maryland Center for Environmental Science standards. Thank you for your assistance.

William Sarro Bill@idive2.net
Diving Safety Officer

Printed Name

Date

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: page numbers are bracketed)

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]
3. Stapedectomy or middle ear reconstructive surgery.[11]
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.[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. [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.

“Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations.” Grundy et. al. 1999. AHA/ACC Scientific Statement http://circ.ahajournals.org/cgi/reprint/circulationaha;100/13/1481


2 “Are Asthmatics Fit to Dive? “ Elliott DH, ed. 1996 Undersea and Hyperbaric Medical Society, Kensington, MD.
# APPENDIX 2
## MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

<table>
<thead>
<tr>
<th>Name of Applicant (Print or Type)</th>
<th>Date (Mo/Day/Year)</th>
<th>(DOB - date of Birth)</th>
</tr>
</thead>
</table>

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 that 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 using Multiple-Risk-Factor Assessment³ (age, lipid profile, blood pressure, diabetic screening, smoker) Note: Exercise stress testing may be indicated based on risk factor assessment⁴

**Additional testing for over age 40**

- [ ] Resting EKG
- [ ] Assessment of coronary artery disease using Multiple-Risk-Factor Assessment⁵ (age, lipid profile, blood pressure, diabetic screening, smoker) Note: Exercise stress testing may be indicated based on risk factor assessment⁶

**RECOMMENDATION:**

- [ ] APPROVAL. I find no medical condition(s) that I consider incompatible with diving.
- [ ] **RESTRICTED ACTIVITY APPROVAL.** The applicant may dive in certain circumstances as described in REMARKS.

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[ ] 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:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

PHYSICIAN’S STATEMENT: 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 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
Date                              Signature

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:


APPENDIX 3
DIVING MEDICAL HISTORY FORM

(To be completed by applicant diver)

Name ______________________________________   Sex _____ Age ____  Wt.____ Ht. ____
Sponsor ____________________________________________________       Date ___/___/___
(College / Department / Project, 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 following questions are as important in determining your fitness as your physical examination. You should give accurate information or medical screening 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 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</td>
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<tr>
<td>16.</td>
<td>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>
<td></td>
<td></td>
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<td>19.</td>
<td>High blood pressure.</td>
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<td></td>
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<tr>
<td>22.</td>
<td>Other lung disease.</td>
<td></td>
<td></td>
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<tr>
<td>23.</td>
<td>Diabetes mellitus.</td>
<td></td>
<td></td>
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<tr>
<td>26.</td>
<td>Hospitalizations. If yes explain below.</td>
<td></td>
<td></td>
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<tr>
<td>27.</td>
<td>Do you take any medications? If yes list below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Do you have any allergies to medications, foods, and environmentals? If yes explain below.</td>
<td></td>
<td></td>
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<tr>
<td>29.</td>
<td>Do you smoke?</td>
<td></td>
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<td>30.</td>
<td>Do you drink alcoholic beverages?</td>
<td></td>
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<td>31.</td>
<td>Is there a family history of high cholesterol?</td>
<td></td>
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<td>32.</td>
<td>Is there a family history of heart disease or stroke?</td>
<td></td>
<td></td>
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<td>33.</td>
<td>Is there a family history of diabetes?</td>
<td></td>
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<tr>
<td>34.</td>
<td>Is there a family history of asthma?</td>
<td></td>
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</table>

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 ___________________________
APPENDIX 4
RECOMMENDED PHYSICIANS WITH EXPERTISE IN DIVING MEDICINE

List of local Medical Doctors that have training and expertise in diving or undersea medicine:

1. Name: _____________________________________________________________________
   Address: ___________________________________________________________________
   Phone: ____________________________________________________________________

2. Name: _____________________________________________________________________
   Address: ___________________________________________________________________
   Phone: ____________________________________________________________________

3. Name: _____________________________________________________________________
   Address: ___________________________________________________________________
   Phone: ____________________________________________________________________

4. Name: _____________________________________________________________________
   Address: ___________________________________________________________________
   Phone: ____________________________________________________________________

5. Name: _____________________________________________________________________
   Address: ___________________________________________________________________
   Phone: ____________________________________________________________________