

Appendix 3: Diving Medical History Form

(To be completed by Applicant-Diver)

Name _____

To the applicant: Scuba diving makes considerable demands on your physical and emotional condition. Diving with particular defects amounts to asking for trouble not only for yourself, but 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 more important, in many instances, in determining your fitness than what the physician may see, hear or feel when you are examined. 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 he/she 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, your physician concludes that diving would involve undue risk for you, remember that he/she is concerned only with your well-being and safety. Respect the advice and the intent of this medical history form.

Conditions that contraindicate diving:

- _____ Have you ever had epilepsy (seizures)?
- _____ Do you have any limiting physical handicaps?
- _____ Do you have any trouble equalizing pressure in your ears?
- _____ Have you ever had a collapsed lung (pneumothorax)?
- _____ Have you ever had subcutaneous emphysema (air under the skin)?

Conditions that are relative contraindications for diving (requires careful review by physician):

- _____ Do you faint or have blackout spells?
- _____ Have you ever been addicted to drugs?
- _____ Do you have diabetes?
- _____ Are you prone to claustrophobia?
- _____ Have you ever had a nervous breakdown?
- _____ Do you suffer from muscle cramps?
- _____ Do you have varicose veins?
- _____ Do you have any amputations?
- _____ Have you ever had a head injury causing unconsciousness?
- _____ Have you experienced any paralysis?
- _____ Have you ever had an adverse reaction to medication?
- _____ Are you pregnant?
- _____ Do you suffer from menstrual problems?
- _____ Do you get frequent sour stomachs, nervous stomachs or vomiting spells?
- _____ Have you ever had a major operation?
- _____ Are you presently being treated by a physician?

- _____ Are you taking any medication regularly (even non-prescription)?
- _____ Have you ever been rejected or restricted from sports?
- _____ Do you have frequent and severe headaches?
- _____ Do you wear glasses or contact lenses?
- _____ Do you have any bleeding disorders?
- _____ Have you ever had any problems with alcoholism?
- _____ Have you ever had any problems relating to diving?
- _____ Do you suffer from nervous tension or emotional problems?
- _____ Do you sometimes take tranquilizers?
- _____ Have you ever had perforated ear drums?
- _____ Do you have hay fever?
- _____ Do you have frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose?
- _____ Do you have drainage from the ears?
- _____ Do you have difficulty with your ears in airplanes or mountains?
- _____ Have you ever had ear surgery?
- _____ Do you have ringing in your ears?
- _____ Do you get frequent dizzy spells?
- _____ Have you ever had asthma?
- _____ Have you ever had wheezing attacks?
- _____ Do you have a chronic or recurrent cough?
- _____ Do you frequently raise sputum?
- _____ Have you ever had pleurisy?
- _____ Do you have lung cysts?
- _____ Have you had pneumonia?
- _____ Have you ever had tuberculosis?
- _____ Do you get shorter of breath than most people?
- _____ Have you ever been told that you have a lung problem or abnormality?
- _____ Do you ever spit blood?
- _____ Do you ever have breathing difficulty after eating particular foods, after exposure to particular pollens or animals?
- _____ Are you subject to bronchitis?
- _____ Have you ever had air embolism after diving?
- _____ Have you ever had rheumatic fever?
- _____ Have you ever had scarlet fever?
- _____ Have you ever been told you have a murmur?
- _____ Have you ever been told you have a large heart?
- _____ Have you ever had high blood pressure?
- _____ Have you ever had angina (heart pains or pressure in the chest)?
- _____ Did you ever have a heart attack?
- _____ Do you ever have low blood pressure?
- _____ Do you have recurrent or persistent swelling of the legs?
- _____ Have you ever had pounding, rapid heartbeat or palpitations?
- _____ Have you ever had dizziness or fainting spells?
- _____ Do you get fatigued or short of breath easily?
- _____ Have you been told you had an abnormal EKG?
- _____ Do you suffer from joint problems, dislocations or arthritis?
- _____ Have you ever had back trouble or back injuries?

_____ Have you ever had any other medical problems not listed?
If so, please list or describe below.

Conditions of interest (not contraindications):

- _____ Do you suffer from motion sickness or sea/air sickness?
- _____ Do you get anxiety spells or hyperventilation?
- _____ Do you wear dental plates?
- _____ Do you get frequent ear aches?
- _____ Do you have any hearing problems?
- _____ Have you ever had a ruptured or slipped disk?
- _____ Do you smoke?

Appendix 4: Selected References in Diving Medicine

Deeper into Diving, John Lippmann, Aqua Quest Publishing, Locust Valley, NY, 1991.

Diving Medicine, Bove and Davis, Saunders Publishing, Philadelphia, PA. 1989.

Medical Examination of Sport SCUBA Divers, Second edition, Jefferson C. Davis, Medical
Seminars, Inc., San Antonio, TX, 1986.

Physiology and Medicine of Diving, Peter B. Bennett and David Elliott, Best Publishing, Carson,
CA.