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


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