

MEDICAL FORM

| Please print or type | | | | | | |
|----------------------|----------------|-----|--|--|--|--|
| NAME | | | | | | |
| ADDRESS | | | | | | |
| CITY | STATE/PROVINCE | ZIP | | | | |
| HOME PHONE | | | | | | |

To the Physician:

This person is an applicant for training in diving with self-contained underwater breathing apparatus (SCUBA). This is an activity which puts unusual stress on the individual in several ways. A list of contraindications is on the reverse of this form for your reference.

Please note that the medical examination form presents a choice under IMPRESSION. We can only accept unconditional approval as stated for student applicants desiring to begin or continue training. If you conclude that diving is not in the individual's best interest or that their medical condition is likely to present a probable direct threat to others, please discuss your opinion with the person and check disapproval.

The student applicant's medical history below was provided during the enrollment process.

| | Behavioral health problems Claustrophobia Agoraphobia Migraine headaches Epilepsy Ear or hearing problems Trouble equalizing pressure Sinus trouble Severe hayfever Heart trouble High blood pressure Angina Heart surgery Asthma | | Bronchitis Tuberculosis Respiratory problems Back Problems Back/spinal surgery Diabetes Ulcers Colostomy Hernia Dizziness or fainting Recent surgery Hospitalized Pregnant Motion Sickness_ | | Contact lenses Dental plates Physical disability Serious injury Over 40 years old Hepatitis HIV positive Regular medication Drug allergies Alcohol or drug abuse Rejected from any activity for medical reasons Any medical condition not listed: |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Physician's Notes :

PLEASE RETURN THIS FORM TO THE STUDENT APPLICANT

| IMPRESSION: | | | | |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--|--|
| | APPROVAL (I find no medical conditions I consider incompatible with diving.) | | | |
| | DISAPPROVAL (This applicant has medical conditions which in my opinion clearly would constitute unacceptable hazards to health and safety in diving.) | | | |
| Date | Signature | , MD. | | |
| Physician's Nam | ne (print) | | | |
| Address | | | | |
| Phone | | | | |



CONTRAINDICATIONS TO DIVING

This list of relative and absolute contraindications is not all inclusive. Contraindications that are absolute permanently place the diver and his diving partners at increased risk for injury or death. Relative contraindications to scuba may be resolved with time and proper medical intervention or may be intermittent. A bibliography is included to aid in clarifying issues that arise. The Divers Alert Network (DAN) physicians are available for consultation by phone (919) 684-2948 during normal business hours. For diving related emergencies call, DAN at (919) 684-8111 24 hours, 7 days a week.

OTOLARYNGOLOGICAL

Relative Contraindications:

- History of ...
 - -significant cold injury to pinna
 - -TM perforation
 - -tympanoplasty
 - -mastoidectomy
 - -mid-face fracture
 - -head and/or neck therapeutic radiation
 - -temporomandibular joint dysfunction
- Recurrent otitis externa
- Significant obstruction of the external auditory canal
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- Significant conductive or sensorineural
- hearing impairment
- Facial nerve paralysis not associated with barotrauma
- Full prosthodontic devices
- Unhealed oral surgery sites
- Officialed of all surgery siles

Absolute Contraindications:

- History of...
 - -stapedectomy
 - -ossicular chain surgery
 - -inner ear surgery
 - -round window rupture
 - -vestibular decompression sickness
- Monomeric TM
- Open TM perforation
- Tube myringotomy
- Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- Uncorrected laryngocele

NEUROLOGICAL Relative Contraindications:

- History of...
 - -head injury with sequelae other than seizure -spinal cord or brain injury without residual
 - neurologic deficit -cerebral gas embolism without residual, pulmonary air trapping has been excluded
- Migraine headaches whose symptoms or severity impair motor or cognitive function
- Herniated nucleus pulposus
- Peripheral neuropathy
 Trianantia alua sumulais
- Trigeminal neuralgia

· Cerebral palsy in the absence of seizure activity

Absolute Contraindications:

History of...

- -seizures other than childhood febrile seizures -TIA or CVA
- -spinal cord injury, disease or surgery with residual sequelae
- -Type II (serious and/or central nervous system) decompression sickness with permanent neurologic deficit
- Intracranial tumor or aneurysm

CARDIOVASCULAR

Relative Contraindications: The suggested minimum criteria for stress testing is 13 METS.

• History of...

- -CABG or PCTA for CAD
- -myocardial infarction
- -dysrhythmia requiring medication for suppression
- Hypertension
- Valvular regurgitation
- Asymptomatic mitral valve prolapse
- Pacemakers-Note: Pacemakers must be depth certified by the manufacturer to at least 130 feet (40 meters) of sea water.

Absolute Contraindications:

- Asymmetric sepal hypertrophy and valvular stenosis
- Congestive heart failure

PULMONARY

Asthma (reactive airway disease), COPD cystic or cavitating lung diseases all may lead to air trapping.

Relative Contraindications:

- History of...
 - -prior asthma or reactive airway disease (RAD)*
 - -exercise/cold induced bronchospasm (EIB) -solid. cvstic or cavitating lesion
- Pneumothorax secondary to: thoracic surgery*, trauma or pleural penetration*, previous over inflation injury*
- Restrictive Disease**
- (*Air Trapping must be excluded)
- (**Exercise Testing necessary)

Absolute Contraindications:

- History of spontaneous pneumothorax
- Active RAD (asthma), EIB, COPD or history of
- the same with abnormal PFS or positive challenge • Restrictive diseases with exercise impairment

GASTROINTESTINAL Relative Contraindications:

- Peptic ulcer disease
- Inflammatory bowel disease
- Malabsorption states
- Functional bowel disorders
- Post gastrectomy dumping syndrome
- Paraesophageal or hiatal hernia

Absolute Contraindications:

- High grade gastric outlet obstruction
- Chronic or recurrent small bowel obstruction
- Entrocutaneous fistulae that do not drain freely
- Esophageal diverticula
- Severe gastroesophageal reflux
- Achalasia
- Unrepaired hernias of the abdominal wall potentially containing bowel

METABOLIC AND ENDOCRINOLOGICAL Relative Contraindications:

Hormonal excess or deficiency

Absolute Contraindications:

• Diabetics on Insulin therapy or oral

Absolute Contraindications:

Relative Contraindications:

Absolute Contraindications:

Relative Contraindications:

Scoliosis - assess impact on pulmonary function

Venous gas emboli formed during decompression

contraindicated during any state of pregnancy.

may result in fetal malformations. Diving is absolutely

anti-hypoglycemia medication

Obesity

Renal insufficiency

PREGNANCY

HEMATOLOGICAL

Sickle cell trait

Acute anemia

Polycythemia

ORTHOPEDIC

Chronic Back Pain

Aseptic osteonecrosis

Developmental delay

History of panic disorder

psychotropic medications

• Drug or alcohol abuse

BIBLIOGRAPHY

Saunders Co, 1990

BEHAVIORAL HEALTH

-drug or alcohol abuse

Relative Contraindications:

-previous psychotic episodes

Inappropriate motivation for scuba training

Medical Examination of Sport Scuba Divers, 2nd Ed.,

Edmonds, McKenzie, Thomas, JL Publications, 1997

Diving Medicine, 3rd Ed., Bove, Davis, W.B.

Diving Medicine for Scuba Divers, 2nd Ed.,

Absolute Contraindications:

Claustrophobia and agoraphobia

Active psychosis or while receiving

Davis, Medical Seminars Inc., 1986

Leukemia

Amputation

· History of

Sickle cell disease