

15. Evidence of coronary artery disease or high risk for coronary artery disease¹. [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. Asthma². [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]
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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.

- ACC/AHA Guidelines for Exercise Testing. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Exercise Testing). Gibbons RJ, et al. 1997. Journal of the American College of Cardiology. 30:260-311. <http://www.acc.org/clinical/guidelines/exercise/exercise.pdf>
- 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://www.acc.org/clinical/consensus/risk/risk1999.pdf>
- DIVING MEDICINE, Third Edition, 1997. A. Bove and J. Davis. W.B. Saunders Company, Philadelphia
- DIVING AND SUBAQUATIC MEDICINE, Third Edition, 1994. C. Edmonds, C. Lowery and J. Pennefather. Butterworth-Heinemann Ltd. Oxford
- MEDICAL EXAMINATION OF SPORT SCUBA DIVERS, 1998. Alfred Bove, M.D., Ph.D. (ed.). Medical Seminars, Inc. San Antonio, TX
- NOAA DIVING MANUAL, NOAA. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.
- U.S. NAVY DIVING MANUAL. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.

¹ “Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations.” Grundy et. al. 1999. AHA/ACC Scientific Statement.
<http://www.acc.org/clinical/consensus/risk/risk1999.pdf>

² “Are Asthmatics Fit to Dive?” Elliott DH, ed. 1996 Undersea and Hyperbaric Medical Society, Kensington, MD.

MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

Name of Applicant (Print or Type)

Date of Medical Evaluation (M/D/Y)

To The Examining 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. 6.00). If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

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 Assessment²

PHYSICIAN'S STATEMENT:

_____ 01 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.

I have evaluated the abovementioned individual according to the American Academy of Underwater Sciences medical standards and required tests for scientific diving (Sec. 6.00 and Appendix 1) and, in my opinion, find no medical conditions that may be disqualifying for participation in scuba diving. 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.

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 _____ 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>

USF SCIENTIFIC DIVING MEDICAL HISTORY FORM

(To Be Completed By Applicant-Diver)

Name _____ Sex ____ Age ____ Wt. ____ Ht. ____

Sponsor _____ Date ____/____/____
 (Dept./Project/Program/School, 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 questions are as important, in determining your fitness as your physical examination. 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 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 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. Please respect the advice and the intent of this medical history form.

	Have you ever had or do you presently have any of the following?	Yes	No	Comments
1.	Trouble with your ears, including ruptured eardrum, difficulty clearing your ears, or surgery.			
2.	Trouble with dizziness.			
3.	Eye surgery.			
4.	Depression, anxiety, claustrophobia, etc.			
5.	Substance abuse, including alcohol.			
6.	Loss of consciousness.			
7.	Epilepsy or other seizures, convulsions, or fits.			
8.	Stroke or a fixed neurological deficit.			
9.	Recurring neurologic disorders, including transient ischemic attacks.			
10.	Aneurysms or bleeding in the brain.			
11.	Decompression sickness or embolism.			
12.	Head injury.			
13.	Disorders of the blood, or easy bleeding.			
14.	Heart disease, diabetes, high cholesterol.			
15.	Anatomical heart abnormalities including patent foramen ovale, valve problems, etc.			

16.	Heart rhythm problems.			
17.	Need for a pacemaker.			
18.	Difficulty with exercise.			
19.	High blood pressure.			
20.	Collapsed lung.			
21.	Asthma.			
22.	Other lung disease.			
23.	Diabetes mellitus.			
24.	Pregnancy.			
25.	Surgery If yes explain below.			
26.	Hospitalizations. If yes explain below.			
27.	Do you take any medications? If yes list below.			
28.	Do you have any allergies to medications, foods, and environmentals? If yes explain below.			
29.	Do you smoke?			
30.	Do you drink alcoholic beverages?			
31.	Is there a family history of high cholesterol?			
32.	Is there a family history of heart disease or stroke?			
33.	Is there a family history of diabetes?			
34.	Is there a family history of asthma?			

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