MED

CLASSIFIED DIVER MEDICAL STATEMENT

PARTICIPANT RECORD — CONFIDENTIAL INFORMATION

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by your classified diver instructional staff, dive center, dive boat, training facilities, training site, transporters, employees or volunteers. You must read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in a scuba training program. If you are a minor, you must have this Statement signed by a parent. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers. Any usage of subcutaneous pumps for pain management or for managing muscle spasms or implanted devices is contra-indicated because of the risk of rupture during the dive. VP Shunts are also a risk for reverse pressure of fluid into the shunt into the cranial cavity. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and your Instructor before participation in this program. You will also need to learn from your Instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified Classified Diver Instructor to use it safely. If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your Classified Diver Instructor before signing.

MEDICAL HISTORY

To the Participant:
The purpose of this medical questionnaire is to find out your current medical condition prior to participating in the Classified Diver Program.
Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. A copy of the guidelines for recreational scuba diver's physical examination are attached so that they can be taken to your physician for clarification.

____ Could you be pregnant, or are you attempting to become pregnant?
____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
____ Are you over 45 years of age and can answer YES to one or more of the following?
- Currently smoke a pipe, cigars, or cigarettes
- Have a high cholesterol level
- Have a family history of heart attacks or strokes
- Are currently receiving medical care
- High blood pressure
- Diabetes mellitus, even if controlled by diet alone

HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE…

____ Asthma, or wheezing with breathing, or wheezing with exercise?
____ Frequent or severe attacks of hay fever or allergy?
____ Frequent colds, sinusitis or bronchitis?
____ Any form of lung disease?
____ Pneumothorax (collapsed lung)?
____ Other chest disease or chest surgery?
____ Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?
____ Epilepsy, seizures, convulsions or take medications to prevent them?
____ Recurring migraine headaches or take medications to prevent them?
____ Blackouts or fainting (full/partial loss of consciousness)?
____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
____ Dysentery or dehydration requiring medical intervention?
____ Any dive accidents or decompression sickness?
____ Inability to perform moderate exercise (example: walk 1.6 km/ one mile within 12 mins.)?
____ Head injury with loss of consciousness in the past five years?
____ Recurrent back problems?
____ Back or spinal surgery?
____ Diabetes?
____ Back, arm or leg problems following surgery, injury or fracture?
____ High blood pressure or take medication to control blood pressure?
____ Heart disease?
____ Heart attack?
____ Angina, heart surgery or blood vessel surgery?
____ Sinus surgery?
____ Ear disease or surgery, hearing loss or problems with balance?
____ Recurrent ear problems?
____ Bleeding or other blood disorders?
____ Hernia?
____ Ulcers or ulcer surgery?
____ A colostomy or ileostomy?
____ Recreational drug use or treatment for, or alcoholism in the past five years?

IF YOU HAVE A SPINAL CORD INJURY OR DISEASE…

____ Do you need mechanical assistance to breathe?
____ Are you using a medicated patch or internal pump for pain management?
____ Are you using an internal pump for control of muscle spasms?
____ Do you have a VP Shunt for drainage of fluids from the cranial cavity?
____ Do you have Traumatic Brain Injury or cognitive impairment?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

SIGNATURE _____ DATE _____

SIGNATURES OF PARENTS OR GUARDIANS WHERE APPLICABLE _____ DATE _____

PLEASE REFER TO ATTACHED GUIDELINES FOR RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION IN EVALUATION OF PATIENT

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STUDENT (Please print legibly)

Name _____ Birth Date _____ Age _____
First Initial Last

Mailing Address _____

_____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (_____) _____ Business Phone (_____) _____

Telex _____ FAX (_____) _____

NAME AND ADDRESS OF YOUR FAMILY OR PRIMARY CARE PHYSICIAN:

Physician _____ Clinic/Hospital _____

Address _____ Phone (_____) _____

Date of last physical examination _____

Name of examiner _____ Clinic/Hospital _____

Address _____ Phone (_____) _____

Were you ever required to have a physical for diving? ☐ Yes ☐ No

If so, when? _____

PHYSICIAN

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Please review Guidelines for Recreational Scuba Diver's Physical Examination.

PHYSICIAN'S IMPRESSION:

☐ I find no medical conditions that I consider incompatible with diving.

☐ I am unable to recommend this individual for diving.

Remarks _____

I have reviewed Guidelines for Recreational Scuba Diver's Physical Examination.

_____, M.D. Date _____
Physician's Signature

Physician _____ Clinic/Hospital _____

Address _____ Phone (_____) _____

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GUIDELINES FOR RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION

INSTRUCTIONS TO THE PHYSICIAN:

Recreational scuba (self contained underwater breathing apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The Recreational Scuba Diver's Physical Examination focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary over-inflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include, as a minimum, the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, Severe Risk implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. Relative Risk refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems; physicians must base their judgment on an assessment of the individual patient. Some medical problems which may preclude diving are temporary in nature or responsive to treatment, allowing the student to dive safely after they have resolved. Any stipulation of depth or duration limitations for diving will constitute a rejection of the candidate for Scuba Diving.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone (919) 684-2948 during normal business hours. For emergency calls, 24 hours, 7 days a week, call (919) 684-8111 or (919) 684-4DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61-8-8212-9242, DAN Japan +81-33590-6501 and DAN Southern Africa +27-11-242- 0380. There are also a number of informative websites offering similar advice.

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NEUROLOGICAL

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to distinguish from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

RELATIVE RISK CONDITIONS:

- Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations
- History of Head Injury with sequelae other than seizure
- Herniated Nucleus Pulposus
- Peripheral Neuropathy
- Multiple Sclerosis
- Trigeminal Neuralgia
- History of spinal cord or brain injury

Temporary Risk Conditions: History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.

Severe Risk Conditions: Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

SOME CONDITIONS ARE AS FOLLOWS:

- History of seizures other than childhood febrile seizures
- History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)
- History of Serious Decompression Sickness with residual deficits (Central Nervous System, Cerebral or Inner Ear)

CARDIOVASCULAR SYSTEMS

Relative Risk Conditions: The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is 13 METS.*

Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

** METS is a term used to describe the metabolic cost. The MET at rest times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)*

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RELATIVE RISK CONDITIONS:

- History of Coronary Artery Bypass Grafting (CABG)
- Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)
- History of Myocardial Infarction
- Congestive Heart Failure
- Hypertension
- History of dysrythmias requiring medication for suppression
- Valvular Regurgitation
- Pacemakers — The pathologic process that necessitated should be addressed regarding the diver's fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

** NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.*

Severe Risks: Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

PULMONARY

Any process or lesion that impedes airflow from the lung places the diver at risk for pulmonary over inflation with alveolar rupture and the possibility of cerebral air embolization. Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density which increases in proportion to the ambient pressure (causing increased airway resistance).

Formal exercise testing may be helpful.

RELATIVE RISK CONDITIONS:

- History of Asthma or Reactive Airway Disease (RAD)*
- History of Exercise Induced Bronchospasm (EIB)*
- History of solid, cystic or cavitating lesion*
- Pneumothorax secondary to:
  - Thoracic Surgery
  - Trauma or Pleural Penetration*
  - Previous Over-Inflation Injury*
- Obesity
- History of Immersion Pulmonary Edema

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RESTRICTIVE DISEASE*

- Interstitial lung disease: May increase the risk of pneumothorax

** Spirometry should be normal before and after exercise*

SEVERE RISK CONDITIONS:

- History of spontaneous pneumothorax: Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- Impaired exercise performance due to respiratory disease.

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

GASTROINTESTINAL

Temporary Risk: As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

TEMPORARY RISK CONDITIONS:

- Peptic Ulcer Disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.

RELATIVE RISK CONDITIONS:

- Inflammatory Bowel Disease
- Functional Bowel Disorders

Severe Risks: Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

SEVERE RISK CONDITIONS:

- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal Hernia

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ORTHOPEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopedic conditions of a degree sufficient to impair exercise performance may increase the risk.

RELATIVE RISK CONDITIONS:

- Amputation
- Scoliosis must also assess impact on respiratory function and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical cause of decompression may accelerate/ escalate the progression).

TEMPORARY RISK CONDITIONS:

- Back pain

HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness.

Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

RELATIVE RISK CONDITIONS:

- Sickle cell trait
- Polycythemia Vera
- Leukemia
- Hemophilia/Impaired Coagulation

METABOLIC AND ENDOCRINOLOGICAL

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

RELATIVE RISK CONDITIONS:

- Hormonal excess or deficiency
- Obesity
- Renal insufficiency

Severe Risk Conditions: The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemia medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues.

Pregnancy: The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

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BEHAVIORAL HEALTH

Behavioral: The diver's mental capacity and emotional make-up are important to safe diving. The student diver must have sufficient learning abilities to grasp information presented to him by his instructors, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The student's motivation to learn and his ability to deal with potentially dangerous situations is also crucial to safe scuba diving.

RELATIVE RISK CONDITIONS:

- Developmental delay
- History of drug or alcohol abuse
- History of previous psychotic episodes
- Use of psychotropic medications

SEVERE RISK CONDITIONS:

- Inappropriate motivation to dive — solely to please spouse, partner or family member, to prove oneself in the face of personal fears
- Claustrophobia and agoraphobia
- Active psychosis
- History of untreated panic disorder
- Drug or alcohol abuse

OTOLARYNGOLOGICAL

Equalization of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalize pressure or due to marked overpressurization during vigorous or explosive Valsalva maneuvers.

This form has been developed in conjunction with the Recreational Scuba Training Council

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglotic structure must function normally to prevent aspiration.

Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

RELATIVE RISK CONDITIONS:

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

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SEVERE RISK CONDITIONS:

- Monomeric TM
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- 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
- History of vestibular decompression sickness

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11. Divers Alert Network (DAN) United States, 6 West Colony Place, Durham, NC www.DiversAlertNetwork.org
12. Divers Alert Network Europe, P.O. Box 64026 Roseto, Italy, telephone non-emergency line: weekdays office hours+39-085-893-0333, emergency line 24 hours: +39-039-605-7858
13. Divers Alert Network S.E.A.P., P.O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166
14. Divers Emergency Service, Australia, www.rah.sa.gov.au/hyperbaric, telephone 61-8-8212-9242
15. South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, www.spums.org.au
16. European Underwater and Baromedical Society, www.eubs.org

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