

Medical Evaluation of Fitness for Scuba Diving Report

APPENDIX 2

Name of Applicant

Date of Medical Evaluation (Month/Day/Year)

TO THE EXAMINING PHYSICIAN

This person is an applicant for training or is presently certified to engage in diving with self-contained underwater breathing apparatus (SCUBA). Scientific divers require periodic SCUBA diving medical examinations to assess their fitness to engage in diving with SCUBA. Your opinion on the applicant's medical fitness is requested. 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. 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. If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

REQUIRED TESTS

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

| | | | |
|--|-----------------------|---------------------|------------------------|
| Diver is medically qualified to dive for: | 2 years (over age 60) | 3 years (age 40-59) | 5 years (under age 40) |
| Diver is not medically qualified to dive: | Permanently | Temporarily | |

I have evaluated the abovementioned individual according to Boston University medical standards and required tests for scientific diving as described in 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.

MD or DO Signature

Date

Physician Name

Phone Number

Email Address

Address

City

State

My familiarity with applicant is: This exam only Regular physician for years

My familiarity with diving medicine is: