

APPENDIX 2
MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

Name of Applicant (Print or Type) _____

Date of Medical Evaluation (Month/Day/Year) _____

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). 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. 5.00). If you have questions about diving medicine, please consult with the Undersea and Hyperbaric Medical Society.

TESTS: THE FOLLOWING TESTS ARE *REQUIRED*:

INITIAL PHYSICAL EXAMINATION AND PERIODIC RE-EXAMS (UNDER AGE 40):

- Complete physical exam
- Complete Blood Count (CBC) w/Diff
- Sickle Cell
- Complete Urinalysis
- Chest X-ray - 2 view
- Spirometry Test - results and interpretation
- Audiogram - results and interpretation
- Vision Test
- Any further test deemed necessary by physician

ADDITIONAL TEST DURING FIRST EXAM OVER AGE 40 AND PERIODIC RE-EXAMS (40+):

- 12-Lead resting EKG - results and interpretation
 - Lipid screening (total cholesterol, HDL, LDL, and triglycerides)
 - Hemoglobin or fasting glucose screening
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PHYSICIAN'S STATEMENT:

I have evaluated the above mentioned individual according to the tests listed above. I have discussed with the patient any medical conditions(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.

I find no medical conditions that may be disqualifying for participation in scuba diving.

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

Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____