

# Diving Medical

This section to be completed by candidate ( positive responses do not necessarily disqualify you from diving)

1. Surname:.....Given Names:.....

2. Address.....

Phone Home:..... Phone Wk:..... Mobile:.....

3. Date of Birth.....4. Sex: Male Female 5. Occupation:.....

6. Do you participate in any regular physical Activity? Yes No 7. Description of Activity:.....

8. Do you smoke? Yes No 9. Do you drink alcohol? Yes No

10. If yes, how many drinks per week?..... 11. Are you taking any tablets, medicines or other drugs? Yes No

List:.....12. Do you have any allergies? Yes No List.....

13. Have you had any reactions to drugs, medicines or food? Yes No List.....

Have you ever had or do you now have any of the following? Circle Yes or No

14 Previous diving medical	Yes No	63 Severe loss of weight	Yes No
15 Prescription glasses	Yes No	64 Hernia or rupture	Yes No
16 Contact lenses	Yes No	65 Malaria or other tropical disease	Yes No
17 Eye or visual problems	Yes No	66 Major joint or back injury	Yes No
18 Hay fever	Yes No	67 Limitation of movement	Yes No
19 Sinusitis	Yes No	68 Fractures	Yes No
20 Any other nose or throat problem	Yes No	70 Kidney or bladder disease (cystitis)	Yes No
21 Dentures/plates, dental prostheses	Yes No	71 Paralysis or muscle weakness	Yes No
22 Recent dental procedures	Yes No	72 Sexually transmitted disease	Yes No
23 Deafness or ringing noises in ears	Yes No	73 Diabetes	Yes No
24 Discharging ears or any other ear problems	Yes No	74 Blood disease or bleeding problem	Yes No
25 Operation on ears	Yes No	75 Skin disease	Yes No
26 Giddiness or loss of balance	Yes No	76 Contagious disease	Yes No
27 Severe motion sickness	Yes No	77 Operations	Yes No
28 Seasickness medication	Yes No	78 In hospital for any reason	Yes No
29 Any problem when flying in aircraft	Yes No	79 Life insurance rejected	Yes No
30 Severe or frequent headaches	Yes No	80 A job or licence refused on medical grounds	Yes No
31 Migraine	Yes No	81 Unable to work for medical reasons	Yes No
32 Fainting or blackouts	Yes No	82 An invalid pension	Yes No
33 Convulsions, fits or epilepsy	Yes No	83 Any other illness or medical condition	Yes No
34 Unconsciousness	Yes No	<b>Have any blood relations had:</b>	
35 Concussion or head injury	Yes No	84 Heart disease	Yes No
36 Sleepwalking	Yes No	85 Asthma or chest disease	Yes No
37 Severe depression	Yes No	<b>Females only:</b>	
38 Claustrophobia	Yes No	86 Are you possibly pregnant or planning to be	Yes No
39 Mental illness	Yes No	87 Do you have any incapacity during periods	Yes No
40 Heart disease	Yes No	Date of last chest X-ray.....	
41 Abnormal blood test	Yes No	Previous diving experience.....	
42 ECG (heart tracing)	Yes No	.....	
43 Awareness of your heart beat	Yes No	89 Can you swim	Yes No
44 High Blood pressure	Yes No	90 Have you ever had any problem during or after swimming or diving	Yes No
45 Rheumatic fever	Yes No	91 Have you ever had to be rescued	Yes No
46 Discomfort in your chest with exertion	Yes No	92 Do you snorkel regularly	Yes No
47 Shortness of breath on exertion	Yes No	93 Have you tried SCUBA diving before	Yes No
48 Bronchitis or pneumonia	Yes No	94 Have you had previous formal SCUBA training	Yes No
49 Pleurisy or severe chest pain	Yes No	95 Year.....	
50 Coughing up phlegm or blood	Yes No	96 Approximate number of dives.....	
51 Chronic or persistent cough	Yes No	97 Maximum depth of any dive.....	
52 TB	Yes No	98 Longest duration of any dive.....	
53 Pneumothorax (Collapsed lung)	Yes No		
54 Frequent chest colds	Yes No		
55 Asthma or wheezing	Yes No		
56 Use a puffer	Yes No		
57 Other chest complaint	Yes No		
58 Operation on chest, lungs or heart	Yes No		
59 Vomiting blood or passing red or black motions	Yes No		
60 Recurrent vomiting or diarrhoea	Yes No		
61 Jaundice, hepatitis or liver disease	Yes No		
62 Indigestion, peptic ulcer or acid reflux	Yes No		

I certify that the above information is true and complete to the best of my knowledge and I hereby authorise Dr..... to give a medical opinion as to my medical fitness to dive to my instructor. I also authorise him/her to obtain or supply medical information regarding me from or to other doctors as may be necessary for medical purposes in my personal interest.

Signed..... Date .....

**MEDICAL EXAMINATION: To be completed by a Registered Medical Practitioner**

1. Height .....cm 2. Weight.....kg 3. Blood Pressure..... 4. Pulse.....
5. Vision: R6/.....Corr6/.....6. Unnalysis Albumen.....7. Respiratory Function Test  
L6/ ..... Corr6/..... Glucose..... Vital Capacity.....  
Fev 1.....  
Percentage.....
8. Chest x-ray (if indicated) Date..... Place.....Result.....

9. Audiometry (air conduction)

Frequency, Hz	500	1000	2000	4000	6000	8000
Loss in dB (R)	.....	.....	.....	.....	.....	.....
Loss in dB (L)	.....	.....	.....	.....	.....	.....

If abnormal, enter in diver's logbook, on certificate, or both

Clinical examination assessment	Normal	Abnormal	Notes on abnormalities
10. Nose, septum, airway	.....	.....	.....
11. Mouth, throat, teeth, bite	.....	.....	.....
12. External auditory canal	.....	.....	.....
13. Tympanic membrane	.....	.....	.....
14. Middle ear auto-inflation	.....	.....	.....
15. Neurological			
- Eye movements	.....	.....	.....
- Pupillary reflexes	.....	.....	.....
- Limb reflexes	.....	.....	.....
- Finger-nose	.....	.....	.....
- Sharpened Romberg*	.....	.....	.....
16. Abdomen	.....	.....	.....
17. Chest hyperventilation	.....	.....	.....
18. Other abnormalities	.....	.....	.....

\*Result should be descriptively detailed at right to assist future comparison

Fit to Dive Yes Advice put on certificate:  
No - Temporary Reasons:  
No - Permanent Reasons:

Name (print).....

Signed..... Date.....

**Detach the certificate below and hand to the candidate.** Medical benefits refund and/or medical rebate is not permissible by law for this examination Issue of any time number which allows the candidate to claim such benefit will result in the physician being guilty of medifraud.

This is to certify that I have examined

Name:.....

Address.....

In accordance with the requirement of AS 4005.1 Appendix A and have found him/her to be:

FIT

PERMANENTLY UNFIT

TEMPORARILY UNFIT

(to be reviewed on.....)

for diving and diving training undertaken using compressed air underwater

Audiogram Normal/Abnormal (see below)

Printed Name..... Signed.....Date: .....

Address: .....

Advice.: .....

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