



SCUBA Diver Medical Examination Form

All applicants wishing to undertake Scientific SCUBA Diving training are required to submit a completed medical form signed by a WorkSafe-approved physician knowledgeable in diving. Please arrange for an appointment for a medical examination with a WorkSafe Diving physician and present this form at that time. Qualified physicians in BC are listed at WorkSafe BC:

http://www2.worksafebc.com/pdfs/certificationandtraining/dive_physicians.pdf

*Note that this form is for student CAUS divers-in-training only. All working divers with CAUS level1/level2 status must obtain full Occupational Diver medicals.

Part I: Diver Medical History (completed by a WorkSafe-approved physician knowledgeable in diving)

Name: Last: _____ First: _____

Mail address: street/city _____

Country/postal/zip: _____

Phone / fax numbers: Phone: _____ Fax: _____

Email: _____

Height: _____ Weight: _____

Sex: _____ Age: _____

Eye colour: _____ Hair colour: _____

University Supervisor: _____

Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Persistent headaches | <input type="checkbox"/> Chest pains | <input type="checkbox"/> Ashma |
| <input type="checkbox"/> Persistent coughs | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Serious injury |
| <input type="checkbox"/> Severe/frequent colds | <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Pneumothorax |
| <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Dentures |
| <input type="checkbox"/> Drink alcohol | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Glasses or contacts | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Recently hospitalized | <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Allergies to drugs | <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Tranquilizers |
| <input type="checkbox"/> Prescription medication | <input type="checkbox"/> Hay fever | |

If you have checked any of the above, please explain: _____

Any serious injury, accident or illness not mentioned above, explain: _____

Date of last chest X-ray: _____

Result: _____

Emergency Contact: Last: _____ First: _____
Relationship: _____
Mail address: street/city _____
Country/postal/zip: _____
Phone: _____

Applicant's signature: _____ Date: _____

Part II – Diving Fitness Examination (to be completed by the Physician)

Name of examining Physician: _____
Mail address: street / city _____
Country / postal code / zip _____
Phone: _____

To ensure the greatest possible safety for SCUBA divers, it is essential that anyone engaging in diving activities be both physically and psychologically fit. SCUBA involves exposures to certain abnormal conditions:

1. underwater submersion, 2. changes in ambient pressure, 3. changes in pressure of inhaled air, and 4. increased stress levels.

This requires the diver to be fit and alert at all times. Therefore, the physician is asked to pay attention to the following areas while conducting the examination:

1. Any history of, or findings that suggest the possibility of even momentary unconsciousness (e.g. epilepsy, insulin controlled diabetes, unstable cardiac rhythms). Comments:

2. Any history or findings that indicate serious problems with ears and sinuses (e.g. chronic draining, ear surgery, perforated TM). Comments:

3. Any possibility of conditions arising which could impede air escape from the lung during ascent (e.g. asthma, previous lung trauma, bronchiectasis, pneumothorax). Comments:

4. Any indication of unusually high levels of stress, poor stress tolerance or emotional instability. Comments:

5. Any history of medication or street drug use, including alcohol to excess, which might impair performance. Comments:

The following conditions can represent an absolute contraindication to diving; if any apply then a specialist hyperbaric physician should be consulted if the applicant wishes to be further considered for scientific diving activities.

- Loss of consciousness due to seizure or cardiovascular instability in the last five years
- Use of anticonvulsant medication
- Use of anti-asthmatic medications
- An episode of bronchospasm in the last five years
- Spontaneous pneumothorax within the last three years
- Evidence of pulmonary obstruction on spirometry
- Lung lesions of any kind on X-ray
- Use of antiarrhythmic medications
- Heart block greater than first degree
- Myocardial infarction within the last 12 months
- Angina pectoris
- Chronic inability to clear the sinuses or middle ear
- Chronic perforation of the tympanic membrane or draining middle ear
- Chronic vestibular diseases
- Diabetes requiring insulin or oral agents
- Evidence of psychosis
- Extreme anxiety

Physician to check one:

- APPROVAL:** Examination and history reveal no defects, which I consider incompatible with diving.
- CONDITIONAL APPROVAL:** Examination and history reveal findings, which indicate that diving may not be in this person's best interest. I have discussed this matter with the applicant.
- DISAPPROVAL:** Examination and history reveal absolute contraindications to diving, and the applicant has been advised
- TEMPORARY DISQUALIFICATION:** Examination and history reveal findings, which are temporary in nature. The applicant should refrain from diving until the problem is resolved. A re-examination will be required

Physician's signature: _____ Date: _____