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# The Dive Medical

Some medical conditions may directly preclude you from diving because of the condition itself, while others will stop you from being able to dive because of the medications given to treat the condition. The dive company will provide you with a Dive Medical Questionnaire that must be completed prior to departure.

The Medical Questionnaire comprises a series of questions that will determine whether you have, or are, suffering from a range of conditions, or involved in any contra-indicated treatment regimes, that may impact on your fitness or suitability for diving.

A positive response to a question does not necessarily automatically disqualify you completely from diving. It simply means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice and assessment of a trained physician prior to diving. The assessment will involve weighing-up the pleasures to be had by diving against an increased risk of death or injury due to the medical condition.

The Medical Questionnaire will also ask some questions about your experience as a diver, and the conditions that you have previously dived under.

The medical examination includes spirometry to check respiratory function (breathing) and audiometry to check hearing.

## Risk Factors

### Severe Risks

A severe risk condition implies that an individual will be at a substantially elevated risk of serious injury or death compared with the general population, and should not dive. The principle conditions in this category are:

- Asthma
- Recent heart surgery
- Serious lung or chest disease (particularly where surgery was involved)
- Epilepsy, fitting, convulsions and seizures, or taking medications to prevent them
- Diabetes requiring insulin.
- Pneumothorax (collapsed lung) even after a surgical procedure designed to prevent recurrence
- Any neurological abnormality where there is a significant probability of unconsciousness
- Pregnancy

## Relative Or Temporary Risks

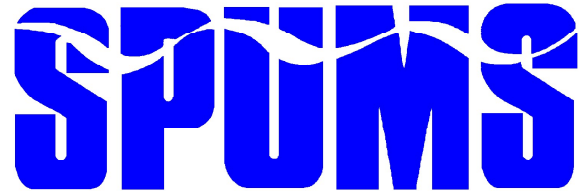
The following conditions are termed a relative risk and will cause a moderate increase in risk, which in some instances may be acceptable. A physician is required to make a clinical assessment of the diver to decide whether diving is contraindicated for this category of medical problem.

Some of these medical problems may be temporary in nature, and the Dive Medical will determine if and when the diver can be considered fit to dive.

On the list of significant conditions that may disqualify you from diving pending a medical assessment are:

- Breathing issues including frequent or severe attacks of hay fever or allergy, frequent colds, sinusitis or bronchitis
- Behavioural health, mental or psychological problems (claustrophobia, agoraphobia, active psychosis, panic attacks)
- Recurring complicated migraine headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations, or taking medications to prevent them
- Blackouts, fainting or partial loss of consciousness
- Head injury with loss of consciousness in the past five years
- Intracranial tumour or aneurysm
- Frequent or severe motion sickness
- Dysentery or dehydration requiring medical intervention
- Past dive accidents or decompression sickness
- Inability to perform moderate exercise
- Clinically obese
- Recurrent back problems, or back or spinal surgery
- Back, arm or leg problems following surgery, injury or fracture
- High blood pressure or taking medication to control it
- Heart attack, heart disease, angina, heart surgery or blood vessel surgery
- Sinus surgery
- Ear disease or surgery, recurrent ear problems, hearing loss, or ear-related problems effecting balance
- Haemophilia, bleeding or other blood disorders
- Hernia
- Ulcers or ulcer surgery
- Colostomy or ileostomy
- Recreational drug use or alcoholism, or treatment for these in the past five years
- Regularly taking prescription or non-prescription medications (With the exception of birth control or anti-malarial treatments)
- Being over 45 years of age and having one or more of the following:
  - Currently smoke a pipe, cigars or cigarettes
  - Have a high cholesterol level
  - Have a family history of heart attack or stroke
  - Are currently receiving medical care
  - Have high blood pressure
  - Have diabetes mellitus, even if controlled by diet alone

# THE SOUTH PACIFIC UNDERWATER MEDICINE SOCIETY



## MEDICAL RISK ASSESSMENT FOR RECREATIONAL DIVING

## SECTION B

### SUGGESTED SCOPE OF A MEDICAL QUESTIONNAIRE FOR SCREENING CANDIDATES FOR RECREATIONAL SCUBA DIVING

#### HEALTH STATEMENT FOR PERSONS WISHING TO UNDERTAKE SCUBA-DIVING TRAINING

The provision of inaccurate, incomplete or misleading information, or withholding any information is likely to place you at risk and renders any subsequent medical opinion unreliable.

##### Introduction

This is a medical questionnaire designed to identify any health issues that may increase the risk to you from undertaking SCUBA diving.

In order to undertake dive training you will be required to sign this form on the understanding that relevant medical details may be passed to your dive trainer.

You will also be informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training programme. Your signature on this statement is required for you to participate in the scuba training program offered.

If you are under 18 years of age, you must have this questionnaire signed by a parent or guardian.

Training to be offered by \_\_\_\_\_ and  
\_\_\_\_\_ (Instructors) located at (Facility)  
\_\_\_\_\_  
\_\_\_\_\_

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your lungs, heart and circulation must be in good health. All body air spaces such as the sinuses and middle ears must be normal and healthy. A person with heart disease, a current head cold or lung congestion, epilepsy (fits), any severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should inform the doctor and the instructor before participating in this programme.

You will also learn from the instructor the important safety rules regarding breathing and ear clearing 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 instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

**Candidate initials** \_\_\_\_\_

**Please read carefully before signing.**

1. Surname \_\_\_\_\_ Other Names \_\_\_\_\_

2. Date of Birth (dd/mm/yyyy) \_\_\_\_\_

3. Address \_\_\_\_\_  
\_\_\_\_\_  
State: \_\_\_\_\_ Postcode \_\_\_\_\_

4. Sex Male / Female

5. Telephone (Home) \_\_\_\_\_

6. Principal Occupation \_\_\_\_\_

7. Telephone (Work) \_\_\_\_\_

8. Email (Optional) \_\_\_\_\_

9. How often do you exercise (minutes per week)? \_\_\_\_\_  
What is your estimated level of intensity of that exercise (High-Medium-Low)?  
\_\_\_\_\_

10. Are you taking any prescription tablets, medicines or drugs?  
List: \_\_\_\_\_  
\_\_\_\_\_

11. Have you had any reactions to drugs or medicines or foods?  
Details: \_\_\_\_\_

12. Tobacco Smoking History.

Do you smoke tobacco now?	Y/N
Have you ever smoked tobacco?	Y/N

How many cigarettes per day do/did you smoke and for how many years?  
\_\_\_\_\_

If other forms of tobacco, please detail \_\_\_\_\_

13. Do you drink alcohol? _____ Y/N Estimate how many standard drinks per night or week. _____ _____
14. Do you currently consume illicit drugs? _____ Y/N Detail: _____

**Please answer the following questions on your past or present medical history (from question 15 onwards) with a YES or NO.**

- If you have never heard of the condition or had the diagnosis applied to you – then reply **NO**
- If you are not confident that you understand the question, then leave this blank and discuss with the doctor

<b>Have you ever had or do you now have any of the following?</b>	<b>YES</b>	<b>NO</b>	<b>Physician's comments</b>
15. Any continuing eye or visual problems (apart from needing glasses or contact lenses)?			
16. Sinusitis (e.g. hay fever, sinus infections)?			
17. Any other nose or throat problem (apart from previous coughs and colds)?			
18. Dentures or plates that are removable?			
19. Deafness or ringing noises in ear(s)?			
20. Discharging ears or other infections?			
21. Previous ear operation (including as a child)?			
22. Giddiness or loss of balance?			
23. Severe motion sickness?			
24. Any ear problems or severe headaches when flying in aircraft?			
25. Severe or frequent headaches, including migraine?			
26. Faints or blackouts?			
27. Convulsions, fits or epilepsy?			
28. Any episodes of unconsciousness?			
29. Depression requiring medical treatment?			
30. Claustrophobia?			
31. Mental illness or mental health issues requiring therapy or treatment?			
32. Bronchitis or pneumonia?			
33. Pleurisy or severe chest pain?			
34. Coughing up phlegm or blood?			

<b>Have you ever had or do you now have any of the following?</b>	<b>YES</b>	<b>NO</b>	<b>Physician's comments</b>
35. Chronic or persistent cough?			
36. Tuberculosis ("TB")?			
37. Pneumothorax ("collapsed lung")?			
38. Frequent chest colds?			
39. Asthma or wheezing?			
40. Use a puffer (medication inhaler for asthma)?			
41. Any other chest complaint?			
42. Operation on chest, lungs, or heart?			
43. Peptic ulcer or acid reflux requiring treatment?			
44. Vomiting blood or passing red or black motions?			
45. Jaundice, hepatitis or liver disease?			
46. Malaria?			
47. Severe loss of weight?			
48. Hernia or rupture?			
49. Major joint or back injury?			
50. Paralysis, muscle weakness or numbness?			
51. Kidney disease?			
52. Diabetes?			
53. Blood disease or bleeding problem?			
54. Could you be pregnant, or are you trying to become pregnant?			
<b>CARDIOVASCULAR RISK QUESTIONS</b>			
55. Do you have any known heart disease or have you ever consulted a cardiologist (specialist heart doctor)?			
56. Is there a family history of heart disease or diabetes?			
57. Is there a family history of sudden death at a young age?			
58. Are you ever aware of a racing or irregularly beating heart, or any other known problems with your heart beat?			
59. Have you ever had giddiness, light headedness or periods of unconsciousness whether or not associated with exercise?			
60. Do you ever get discomfort in your chest with exertion (angina)?			
61. Do you ever get very short of breath on exertion (out of proportion to the exercise, or before your legs get tired)?			
62. Have you ever been short of breath lying down or woken from sleep with breathlessness?			





## Candidate Statement

I certify that the above information is true and complete to the best of my knowledge. I hereby authorise (dive training organisation) \_\_\_\_\_ to pass this information to a diving doctor of my choosing. I also authorise that doctor to obtain or supply medical information regarding me to other doctors as may be necessary for medical purposes in my personal interest.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Note

Any chronic disease, such as hepatitis A, B, C, AIDS or tuberculosis, may increase your risks from diving. If you have a chronic disease please discuss it with the doctor who will then be able to advise you whether you will be at increased risk.

**SPUMS PRE-DIVE MEDICAL FORM FOR ENTRY-LEVEL SCUBA DIVERS**

**Append the diver medical statement above**

**Notes or additions to medical history:** \_\_\_\_\_

**MEDICAL EXAMINATION: To be completed by an Approved Medical Practitioner**

1. Height cm	2. Weight kg	3. Visual acuity R 6/            Corrected 6/ L 6/            Corrected 6/	4. Blood Pressure  mmHg	5. Pulse rate  bpm					
6. Urinalysis Albumin  Glucose	7. Respiratory function tests including: (attach results) FVC  FEV <sub>1</sub>  Ratio (%)		8. CXR (if required) Date: Place: Result:						
9. Audiometry dB Right	(Hz)	500	1000	1500	2000	3000	4000	6000	8000
Left									
10. ECG (if indicated)									

Clinical Examination/Assessment	Normal	Abnormal	Notes on any abnormalities
11. Nose, septum, airway			
12. Mouth, throat, teeth, bite			
13. External auditory canal			
14. Tympanic membrane			
15. Middle ear autoinflation			
16. Neurological Eye movements Pupillary reflexes Limb reflexes Finger-nose Sharpened Romberg Test			
17. Abdomen			
18. Chest auscultation			
19. Cardiac auscultation			
20. Other abnormalities			

**STATEMENT OF HEALTH FOR RECREATIONAL DIVING**

***This Section to be completed by a Medical Practitioner with appropriate training in diving medicine***

This is to certify that I have today interviewed and examined:

Name.....

Address.....

.....

Date of birth...../...../.....

***Initial the statements that apply:***

	I have assessed the candidate in accordance with the SPUMS Recreational Dive Medical.
	I can find no conditions which are incompatible with compressed gas, scuba and surface supplied breathing apparatus (SSBA) and / or breath-hold diving.
	I have explained the health risks of diving disclosed by this examination to the candidate and we have discussed how these risks may be reduced. The candidate appears to have a good understanding of these risks.
	Based upon my assessment, the candidate should not dive with compressed gases (scuba and SSBA).
	Based upon my assessment, the candidate should not breath-hold dive.

Advice: (append further notes as required)

Condition 1: \_\_\_\_\_

Condition 2: \_\_\_\_\_

...../...../.....  
(Signature of Medical Practitioner) (Date)  
(Name, address and telephone number of the Medical Practitioner)

***This Section to be completed by the Candidate***

***Initial the statements that apply:***

..... I understand the health risks that I may encounter in diving and how these risks may be reduced.

..... I also understand that the medical practitioner's recommendation herewith is based, in part, upon the disclosure of my medical history.

..... I agree to accept any responsibility and liability for health risks associated with my participation in underwater diving, including those that are due to or are influenced by a change in my health and / or my failure to disclose any existing or past health condition to the medical practitioner.

..... I hereby authorise the medical practitioner to supply information with regard to my medical fitness to dive to the diving instructor.

...../...../.....  
Signature of candidate Name of Candidate Date