

CONFIDENTIAL February 2002
UK SPORT DIVER MEDICAL FORM



This form is based on the original work of the medical Committee of the British Sub-Aqua Club
Any fee in respect of the medical examination is the responsibility of the persons being examined
 Aqualung training must not commence until the candidate holds a valid Certificate of Fitness to Dive

NOTES TO THE DOCTOR CONDUCTING A DIVING MEDICAL EXAMINATION

Before anyone can undertake diver training with any of the associations who have jointly published this form, it is necessary for him or her to have a Medical examination and be certified fit to dive. Repeat medicals are required at the intervals specified on the Certificate of Fitness to Dive. Exceptional fitness is not essential; both men and women can dive safely providing they are reasonably fit and do not suffer from any of the Disqualifying conditions described in the table of Medical Standards referred to below. Nevertheless, sports diving can at times involve heavy physical exertion. Moreover, recreational diving in the UK is carried out in what can Occasionally be a cold, dark and hostile environment and it entails responsibility for other divers, it is suggested that these considerations be borne in mind when assessing the candidate's fitness for diving.

Medical Standards

A reference table describing the more common medical conditions which may cause problems for divers, or disqualify them from diving altogether, is set out on the following pages.

Advice

Should you have any doubts as to a person's fitness for diving you can seek the opinion of a any Medical Referee listed on the back of this form Either by telephone or letter, or by marking the 'Refer to referee@ box in section B and returning the form to the applicant to take to the referee when Attending for further examination, It will assist the Referee if you give full information about the problem and indicate your own opinion regarding Fitness to dive.

Certificate of Fitness to Dive

If you find the applicant fit to dive, please complete and sign the certificate of Fitness to Dive. The member is required to affix this to his/her diver training and qualification record book.

Fee

Any fee for this examination (and X-Ray if required) is to be paid by the person being examined. When deciding on the level of fee, please bear in mind that the examination is for sport and not for commercial purposes.

SECTION A - To be completed by the applicant

Name Telephone Age
 Address Occupation
 Diving Association Branch
 Postcode Date of birth Mem No.

	Yes	No		Yes	No
1. Have you ever had a diving medical? If so give date of last one in further details section.	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you any family history of heart disease or high blood pressure or had a blood test for blood lipids (fats)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever attended or been admitted to hospital?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever suffered at any time from any of the following?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you diabetic?	<input type="checkbox"/>	<input type="checkbox"/>	(a) Ear trouble , earache, discharge or deafness	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you wear dentures?	<input type="checkbox"/>	<input type="checkbox"/>	(b) Sinus trouble.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you regularly or frequently take any medication or other Treatment with or without prescription?	<input type="checkbox"/>	<input type="checkbox"/>	(c) Chest disease, including Asthma, Bronchitis or TB, Pneumothorax, collapsed lung or exposure to dust.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had any form of decompression sickness?	<input type="checkbox"/>	<input type="checkbox"/>	(d) Attacks of giddiness, blackouts and fainting.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently receiving medical care, or have you consulted the doctor in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	(e) Fits or any nervous disorders, including persist ant headaches or concussion.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been refused a diving medical certificate or Life insurance or been offered special terms?	<input type="checkbox"/>	<input type="checkbox"/>	(f) Anxiety, "nerves", nervous breakdown	<input type="checkbox"/>	<input type="checkbox"/>
9. Has there been any change in your physical or mental Health since your last medical?	<input type="checkbox"/>	<input type="checkbox"/>	(g) Diseases of the heart and circulation, including high blood pressure, chest pains and palpitation.	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you smoke? (give approximate indication of number of cigarettes per day or amount of tobacco per week below)	<input type="checkbox"/>	<input type="checkbox"/>			

If the answer is YES to any question, please give further details

Name and Address of G.P.

I declare that to the best of my knowledge I am in good general health and that I have not omitted any information which might be relevant to my fitness for diving. I authorise any doctor who has attended me to disclose any detail of my past or present medical history if requested to do so by the Medical Officer of my diving association

Signed Date

INSTRUCTIONS TO THE APPLICANT ON THE USE OF THE UK SPORT DIVER MEDICAL FORM

Complete Section A and take this form with you when you attend a diving medical examination. If you are certified fit to dive, the doctor will sign the Certificate of fitness, which should be cut from the form and shown to your Branch/Club Diving Officer before affixing it in your diver training and qualification record book.

If you are referred to a Medical Referee, the doctor will either send this form to the Referee nominated by you or will return the form to you to take to the Referee when you attend for further examination

**UK Sport Diver Medical Certificate
CERTIFICATE OF FITNESS TO DIVE**

Valid for 5 years to the age of 40, 3 years to the age of 50 and 1 year thereafter (may be restricted by Examining Doctor to a shorter period of validity)

This is to Certify that

Age Membership No.

Is in my opinion fit to dive at the time of examination. Any changes in medical health should be declared

Date Valid until

Signature of Doctorl

Address
(or stamp)

.....
.....
.....

SECTION B To be completed by the examining doctor and may be retained for record purposes

Please comment below on any abnormalities

Height

Weight

Ears: R. Drum

Canal

L. Drum

Canal

Sinuses, nose, throat

Chest

Peak Flow

CVS

BP

Abdomen

CNS

Joints and Limbs

Personality or Mental Disorder

Urine: Free from albumen

Free from sugar

Chest X-ray (Only if indicated)

.....
.....
.....
.....
.....

Date of Chest X-Ray
(if indicated)

Place

Fit Refer to Referee

Unfit

Signature of Doctor

Address
(or stamp)

Telephone No.

Date

MEDICAL STANDARDS

These notes are included for the guidance of doctors who may be unfamiliar with requirements for diving. If in doubt, please discuss with your nearest Medical Referee

SYSTEM	DISQUALIFYING FACTORS	ALLOWABLE FACTORS	OTHER POINTS
General	Gross obesity .Physical fitness is the important factor here. If in doubt do a fitness test		Diving is not advised during pregnancy. Those who have dived before discovering they were pregnant are advised to contact a Medical Referee.
ENT	Perforated eardrum in new entrants, chronic vestibular disease in new entrants,	Perforated eardrum known to have been present during several years of diving, Healed perforation, including "paper thing" scars. Unilateral nasal block, Sinusitis if not adversely affected by diving.	Valsalva test of drum mobility should be carried out and if doubtful, practical diving test in pool should be advised. For this purpose any wax obscuring a good view of the drum should be removed. Deafness - at discretion of Medical Referee the candidate may be restricted to diving with a fit companion. Sinusitis may benefit from
Oral Cavity	Dentures must be retained in place on fully opening the mouth and not be dislodged by placing jaws together in any position, or by movement of one denture against the other. They should extend to the muco-buccal fold. If dentures do not satisfy these requirements, they should not be worn while diving. Cleft palate not acceptable without Referee's opinion.		Applicants to be advised about bad teeth and fillings but these should not normally disqualify.
RS	Suspicion of active tuberculosis. Tuberculosis scars other than healed primary focus in new entrants, History of spontaneous pneumothorax, lung cysts or bullae normally disqualifies. Possible surgical treatment should be discussed with a Medical Referee. Old spontaneous pneumothorax in candidates over thirty may be allowable. Refer to Medical Referee.	TB. scars in established diver subject to Referee's opinion, Traumatic pneumothorax not necessarily a disqualifying factor. Any surgical removal of lung tissue or any serious lung complaint to be referred to Medical Referee. Asthma in childhood with full remission by time of examination,	A chest X-ray is not required on entry or at repeat medical examination unless there is a history of significant cardiovascular disease, respiratory disease or occupational exposure (since the last medical in the case of a repeat medical) or if the physical examination reveals an abnormality in the cardiovascular or respiratory systems. Doctors must see film or report before signing certificate. Asthma (except as under "Allowable"), surgical removal of lung tissue, chronic bronchitis or any other serious chest condition should always be referred to a Medical Referee.
CVS	Clinical or where appropriate EGG evidence of ischaemic heart disease, aortic valve disease. Evidence of heart disease other than lone systolic murmur, should be referred. Symptomatic or pathological arrhythmias, systolic pressure over 160 mm Hg, diastolic pressure over 100 mm Hg in established divers and 90 mm Hg in new entrants, or other evidence of hypertensive disease. End organ damage from hypertension	Minor asymptomatic heart disease other than ischaemic (subject to more frequent medical checks). Persons with well controlled hypertension without evidence of end organ damage may be permitted to dive. Intracardiac shunts should be referred to Medical Referee.	Post-exercise EGG recommended in the case of individuals with a poor family history of coronary disease or hyperlipidaemia, particularly if they smoke but needs to be interpreted with caution. Pacemaker to be referred to Medical Referee.
Haematology	Haemophilia, sickle cell disease and polycythaemia will disqualify.	Mild anaemia but advise treatment. Tumours and leukaemia may be allowable but should be referred to Medical Referee. Sickle cell trait.	Sickle cell test only where clinically indicated.
Abdomen / UGS	Significant proteinuria, until the cause has been established.	Peptic ulcer, unless unduly active or troublesome. Abdominal hernias (but advise repair).	
Nervous System and Vision	History of confirmed epilepsy including post-traumatic fits, refer to Referee. Any serious head injury in past three months. Currently symptomatic psychiatric or personality disorders. Any disease of CNS (MS, Polio Petit Mal, etc.) refer to Medical Referee.	Febrile convulsions but no other type of fit allowable. Multiple Sclerosis - only stable patients acceptable.	A single isolated fit or severe head injury to be referred to Medical Referee. Severe visual impairment to be reported to Referee. A long fit free period off anticonvulsants may be allowable. Referee to Medical Referee.
Endocrine	Diabetes with diabetic complications.	Referral to Medical Referee is required for diabetics and for all other endocrine disorders.	For diabetics, an annual medical is mandatory.
Drugs	The use of the following disqualifies: Oral sympathomimetics (other than proprietary nasal decongestants), oral steroids, muscle relaxants, digoxin, Psychotropic drugs - see comments in Other Points column. Alcohol, drug or narcotic abuse to disqualify.	Antihistamines and analgesics should only be used with caution. Oral contraceptives and diuretics are allowable. Smoking is allowable but reduces fitness and predisposes to air embolism, pneumothorax and coronary thrombosis. Inhaled sympathomimetics, such as salbutamol, should not be used therapeutically within 24 hours of diving but may be used as a prophylactic measure by symptomless divers.	If any psychotropic drug (including tranquillisers, sedatives and hypnotics) have been used, the candidate should not dive for at least 3 months after complete cessation of therapy without the consent of the Referee.
Decompression Illness since last Medical			Referee to Medical Referee or Medical Consultant.
Disabilities	Disease, amputation or deformity excessively limiting ability to swim. (May be issued with a restricted certificate at discretion of referee). Learning disability sufficient to produce problems in understanding and remembering	Arthritis, amputation or arthrodesis not severely limiting ability to swim.	Anyone with a significant disability should be assessed by a Medical Referee. Suitable organisations to contact are "Dolphin" (Tel. No 01752 408093) or the Headquarters of the Diving Associations who have jointly published this form.

U K Sport Diving Medical Committee REFEREES

(s) = Surgery or Hospital telephone number (m) = Mobile (h) = Home Telephone number. Where not specified, numbers are believed to be Surgery.
Details given were correct at the time of printing but may be subject to change. If unable to contact, please advise your diving association HQ.

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