

APPENDIX B
PRE-DIVE MEDICAL FORM FOR PROSPECTIVE ENTRY-LEVEL SCUBA DIVERS
The first two pages to be completed by candidate.

1	Surname	Other Names	2	Date of Birth
			4	Sex: Male Female
3	Address		5	Telephone (Home)
6	Principal Occupation		7	Telephone (Work)
8	Intended Dive School			
9	Do you participate in any regular physical activity?		Yes	No
10	Description of activity			
11	Do you smoke? If so how many a day.		Yes	No
12	Do you drink alcohol?		Yes	No
13	How many drinks a week?			
14	Are you taking any tablets, medicines or drugs? List:		Yes	No
15	Do you have any allergies? Details:		Yes	No
16	Have you had any reactions to drugs or medicines or foods? Details:		Yes	No

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

	Yes	No
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Notes on History

	Yes	No
54	Chronic or persistent cough	
55	TB	
56	Pneumothorax (“collapsed lung”)	
57	Frequent chest colds	
58	Asthma or wheezing	
59	Use a puffer	
60	Other chest complaint	
61	Operation on chest, lungs, or heart	
62	Indigestion, peptic ulcer or acid reflux	
63	Vomiting blood or passing red or black motions	
64	Recurrent vomiting or diarrhoea	
65	Jaundice, hepatitis or liver disease	
66	Malaria or other tropical disease	
67	Severe loss of weight	
68	Hernia or rupture	
69	Major joint or back injury	
70	Limitation of movement	
71	Fractures (broken bones)	
72	Paralysis, muscle weakness or numbness	
73	Kidney or bladder disease (cystitis)	
74	Any chronic disease (see note below)	
75	Any sexually transmitted disease	
76	Diabetes	
77	Blood disease or bleeding problem	
78	Skin disease	
79	Contagious disease	
80	Operations	
81	In hospital for any reason	
82	Life insurance rejected	
83	A job or licence refused on medical grounds	
84	Unable to work for medical reasons	
85	An invalid pension	
86	Other illness or injury or any other medical conditions	
Have any blood relations had		
87	Heart disease	
88	Asthma or chest disease	
89	TB	
Females Only		
90	Are you now pregnant or planning to be?	
91	Do you have any incapacity during periods?	

92 Date of most recent chest x-ray

Previous Diving Experience		Yes	No
93	Can you swim?		
94	Have you ever had any problem during or after swimming or diving?		
95	Have you ever had to be rescued?		
96	Do you snorkel dive regularly?		
97	Have you tried scuba diving before?		
98	Have you had previous formal scuba training?		

- 99 Year trained
- 100 Approximate number of dives
- 101 Maximum depth of any dive
- 102 Longest duration of any dive

I certify that the above information is true and complete to the best of my knowledge and I hereby authorise Dr to give medical opinion as to my fitness, or temporary or permanent unfitness to dive to my diving instructor. I also authorise him or her 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.

MEDICAL EXAMINATION: To Be Completed By An Approved Medical Practitioner.

1 Height cm	2 Weight kg	3 Visual Acuity R6/ Corrected 6/ L6/ Corrected 6/	4 Blood Pressure	5 Pulse		
6 Urinalysis Albumen Glucose	7 Respiratory function test (Measured by equipment capable of reading to 7 litres) Vital capacity FEV ₁ Percentage		8 Chest x-ray (if indicated) Date Place Result			
9 Audiometry (air conduction)						
Frequency, Hz	500	1,000	2,000	4,000	6,000	8,000
Loss in DB(R)						
Loss in DB(L)						
If abnormal enter in diver's log book and on certificate						

Clinical Examination/Assessment

	Normal	Abnormal
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 auscultation		
18 Cardiac auscultation		
19 Other abnormalities		
20 ECG if indicated		

Notes on Abnormalities

MEDICAL FITNESS TO DIVE

No contraindications
 Temporary contraindications (detail)
 Permanent contraindications (detail)

Advice put on certificate

Printed Name

Signed

Date