

ACUC INTERNATIONAL

SCUBA DIVER MEDICAL EXAMINATION FORM

KELSEY SKIN & SCUBA CLUB

All applicants for Scuba Diver training programs are required to submit a completed medical form signed by their physician. Please arrange for an appointment for a medical examination with your physician and present this form at that time.

PART 1 — DIVER MEDICAL HISTORY (to be completed by the applicant)

Name _____ Age _____ Sex _____
Address _____ Postal Code _____
Phone () _____ Height _____ Weight _____ Hair _____
Colour of Eyes _____ Special Distinguishing Marks _____
Business/Employer _____ Occupation _____

If any of the following apply to you, please check :

- | | | |
|-----------------------------------|----------------------------|---------------------------|
| 1. Persistent headaches | 11. Glasses/contacts | 21. Asthma |
| 2. Persistent coughs | 12. Sinus trouble | 22. Serious injury |
| 3. Severe or frequent colds | 13. Ear trouble | 23. Motion sickness |
| 4. Dizziness or fainting | 14. Hay fever | 24. Pneumothorax |
| 5. Emotional problems | 15. Chest pains | 25. Dentures |
| 6. Alcoholic beverages | 16. Heart trouble | 26. Smoking |
| 7. High blood pressure | 17. Claustrophobia | 27. Pregnant |
| 8. Hospitalized | 18. Tuberculosis | 28. Diabetes |
| 9. Allergies to drugs | 19. Operation | 29. Tranquilizers |
| 10. Regular medication | 20. Epilepsy | |

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

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

Date of last chest x-ray _____ Result _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY

Name _____ Phone() _____

Address _____ Relationship _____

Applicant's Signature _____ Date _____ 19 _____

The examining physician is requested to complete the diving fitness examination on the reverse side and to mail the completed form directly to:

Kelsey Institute
ATTENTION: Cliff Adolf
Box 1520
Saskatoon, Saskatchewan
S7K 3R5

Certified Diving Instructor # 040CA _____ ACUC International

Name of physician _____ Phone () _____

Physician's address _____

PART 2 — DIVING FITNESS EXAMINATION (to be completed by the physician)

Applicant's Name _____ Date of Birth _____

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 diving 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 particular attention to the following areas while conducting the physical examination:

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

COMMENT _____

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

COMMENT _____

3. Any possibility of conditions arising which could impede air escape from the lung during ascent (eg. asthma, old lung trauma, bronchiectasis, pneumothorax).

COMMENT _____

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

COMMENT _____

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

COMMENT _____

The following conditions would represent an **absolute contraindication to diving**:

- | | |
|---|--|
| 1. Loss of consciousness due to seizure or cardiovascular instability within the last five years. | 10. Myocardial infarction within the last 12 months. |
| 2. Use of anticonvulsant medication. | 11. Angina pectoris. |
| 3. Use of antiasthmatic medications. | 12. Chronic inability to clear the sinuses or middle ears. |
| 4. An episode of bronchospasm in the last five years. | 13. Chronic perforation of the tympanic membrane or draining middle ear. |
| 5. Spontaneous pneumothorax within the last three years. | 14. Chronic vestibular diseases. |
| 6. Evidence of pulmonary obstruction on spirometry. | 15. Diabetes requiring insulin or oral agents. |
| 7. Lung lesions of any kind on X-ray. | 16. Evidence of psychosis. |
| 8. Use of antiarrhythmic medications. | 17. Extreme anxiety. |
| 9. Heart block greater than first degree. | 18. Mental deficiency. |

Persons having any of the above disorders would be at great risk diving and this risk should be thoroughly explained to them. Physicians can obtain additional advice by writing or phoning: Tobermory Hyperbaric Facility, Box 220, Tobermory, Ontario CANADA N0H 2R0 (519) 596-2306

G.D. Harpur M.D. *R. Suke*

Dr. George Harpur, M.D. & Dr. Ralph Suke, M.D.
Certified Diving Instructors

_____ 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 thus 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 _____ M.D. Date _____ 19__