

# Medical Evaluation and Physician Approval Form



NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_  
 ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_

**To the Instructor:** If any condition listed on the medical history form or in the student record folder is checked by the student, you will be required to individually interview the student. If, as a result of this interview, you are unsure whether or not the condition is a contraindication to diver training send the student to a physician, who preferably has a diving background (but not required) for a medical exam. In the event that a referral to a physician is necessary, you are required to provide the student with this (DDI) Medical Form. Make sure that the student's medical history and any notes you have taken are copied to this form and taken with them to the physician.

**To the Physician:** This person has applied for training in a self-contained underwater breathing apparatus (SCUBA) diving course. This is an activity that will put unusual stress on the individual in several ways. A list of contraindications is on the reverse of this form for your reference.

The student applicant's medical history below was provided during the enrollment process.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Behavioral health problems | <input type="checkbox"/> Over 40 years old           | <input type="checkbox"/> Dizziness or fainting             |
| <input type="checkbox"/> Bronchitis                 | <input type="checkbox"/> Ear or hearing problems     | <input type="checkbox"/> Alcohol or drug abuse             |
| <input type="checkbox"/> Contact lenses             | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> High blood pressure               |
| <input type="checkbox"/> Claustrophobia             | <input type="checkbox"/> Hepatitis                   | <input type="checkbox"/> Recent surgery                    |
| <input type="checkbox"/> Tuberculosis               | <input type="checkbox"/> Trouble equalizing pressure | <input type="checkbox"/> Rejected from any activity        |
| <input type="checkbox"/> Dental plates              | <input type="checkbox"/> Ulcers                      | <input type="checkbox"/> Angina                            |
| <input type="checkbox"/> Agoraphobia                | <input type="checkbox"/> HIV positive                | <input type="checkbox"/> Hospitalized for medical reasons  |
| <input type="checkbox"/> Respiratory problems       | <input type="checkbox"/> Sinus trouble               | <input type="checkbox"/> Heart surgery                     |
| <input type="checkbox"/> Physical disability        | <input type="checkbox"/> Colostomy                   | <input type="checkbox"/> Pregnant                          |
| <input type="checkbox"/> Migraine headaches         | <input type="checkbox"/> Regular medication          | <input type="checkbox"/> Asthma                            |
| <input type="checkbox"/> Back Problems              | <input type="checkbox"/> Severe hay fever            | <input type="checkbox"/> Motion Sickness                   |
| <input type="checkbox"/> Serious injury             | <input type="checkbox"/> Hernia                      | <input type="checkbox"/> Any medical condition not listed: |
| <input type="checkbox"/> Epilepsy                   | <input type="checkbox"/> Drug allergies              | _____  |
| <input type="checkbox"/> Back/spinal surgery        | <input type="checkbox"/> Heart trouble               |  |

**PLEASE RETURN THIS FORM TO THE STUDENT APPLICANT**

Please note that the medical examination form presents a choice under IMPRESSION. We can only accept unconditional approval as stated for student applicants desiring to begin or continue training. If you conclude that diving is not in the individual's best interest or that their medical condition is likely to present a threat to themselves or others, please discuss your opinion with the person and check disapproval.

**OVERALL IMPRESSION:**

- APPROVAL (I find no medical conditions I consider incompatible with diving.)  
 DISAPPROVAL (This applicant has medical conditions which in my opinion clearly would constitute unacceptable hazards to their health and safety in diving.)

Date (dd/mm/yy): \_\_\_\_\_ Signature \_\_\_\_\_, MD.  
 Physician's Name (print) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_

## CONTRAINDICATIONS TO DIVING

This list of relative and absolute contraindications is not all inclusive. Contraindications that are absolute permanently place the diver and his diving partners at increased risk for injury or death. Relative contraindications to scuba may be resolved with time and proper medical intervention or may be intermittent.

A bibliography is included to aid in clarifying issues that arise. The Divers Alert Network (DAN) physicians are available for consultation by phone (919) 684-2948 during normal business hours. For diving related emergencies call, DAN at (919) 684-8111 24 hours, 7 days a week.

### OTOLARYNGOLOGICAL

#### Relative Contraindications:

- History of...
  - significant cold injury to pinna
  - TM perforation
  - Tympanoplasty
  - Mastoidectomy
  - mid-face fracture
  - head and/or neck herapeutic radiation
  - temporomandibular joint dysfunction
- Recurrent otitis externa
- Significant obstruction of the external auditory canal
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- Significant conductive or sensorineural hearing impairment
- Facial nerve paralysis not associated with barotraumas
- Full prosthodontic devices
- Unhealed oral surgery sites

#### Absolute Contraindications:

- History of...
  - Stapedectomy
  - ossicular chain surgery
  - inner ear surgery
  - round window rupture
  - vestibular decompression sickness
- Monomeric TM
- Open TM perforation
- Tube myringotomy
- Facial nerve paralysis secondary to barotraumas
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- Uncorrected laryngocele

### NEUROLOGICAL

#### Relative Contraindications:

- History of...
  - head injury with sequelae other than seizure
  - spinal cord or brain injury without residual neurologic deficit
  - cerebral gas embolism without residual, pulmonary air trapping has been excluded
- Migraine headaches whose symptoms or severity impair motor or cognitive function
- Herniated nucleus pulposus
- Peripheral neuropathy
- Trigeminal neuralgia
- Cerebral palsy in the absence of seizure activity

#### Absolute Contraindications:

- History of...
  - seizures other than childhood febrile seizures
  - TIA or CVA
  - spinal cord injury, disease or surgery with residual sequelae
  - Type II (serious and/or central nervous system) decompression sickness with permanent neurologic deficit
  - Intracranial tumor or aneurysm

### CARDIOVASCULAR

#### Relative Contraindications:

The suggested minimum criteria for stress testing are 13 METS.

- History of...
    - CABG or PCTA for CAD
    - myocardial infarction
    - dysrhythmia requiring medication for suppression
  - Hypertension
  - Valvular regurgitation
  - Asymptomatic mitral valve prolapsed
  - Pacemakers  
Note: Pacemakers must be depth certified by the manufacturer to at least 130 feet (40 meters) of sea water.
- #### Absolute Contraindications:
- Asymmetric septal hypertrophy and valvular stenosis
  - Congestive heart failure

### PULMONARY

Asthma (reactive airway disease), COPD cystic or cavitating lung diseases all may lead to air trapping.

#### Relative Contraindications:

- History of...
    - prior asthma or reactive airway disease (RAD)\*
    - exercise/cold induced bronchospasm (EIB)
    - solid, cystic or cavitating lesion
  - Pneumothorax secondary to: thoracic surgery\*, trauma or pleural penetration\*, previous over inflation injury\*
  - Restrictive Disease\*\*  
(\*Air Trapping must be excluded)  
(\*\*Exercise Testing necessary)
- #### Absolute Contraindications:
- History of spontaneous pneumothorax
  - Active RAD (asthma), EIB, COPD or history of the same with abnormal PFS or positive challenge
  - Restrictive diseases with exercise impairment

### GASTROINTESTINAL

#### Relative Contraindications:

- Peptic ulcer disease
  - Inflammatory bowel disease
  - Malabsorption states
  - Functional bowel disorders
  - Post gastrectomy dumping syndrome
  - Paraesophageal or hiatal hernia
- #### Absolute Contraindications:
- High grade gastric outlet obstruction
  - Chronic or recurrent small bowel obstruction
  - Entero-cutaneous fistulae that do not drain freely
  - Esophageal diverticula
  - Severe gastroesophageal reflux
  - Achalasia
  - Unrepaired hernias of the abdominal wall potentially containing bowel

### METABOLIC AND ENDOCRINOLOGICAL

#### Relative Contraindications:

- Hormonal excess or deficiency
  - Obesity
  - Renal insufficiency
- #### Absolute Contraindications:
- Diabetics on Insulin therapy or oral anti-hypoglycemia medication

### PREGNANCY

#### Absolute Contraindications:

Venous gas emboli formed during decompression may result in fetal malformations. Diving is absolutely contraindicated during any state of pregnancy.

### HEMATOLOGICAL

#### Relative Contraindications:

- Sickle cell trait
  - Acute anemia
- #### Absolute Contraindications:
- Sickle cell disease
  - Polycythemia
  - Leukemia

### ORTHOPEDIC

#### Relative Contraindications:

- Chronic Back Pain
- Amputation
- Scoliosis - assess impact on pulmonary function
- Aseptic osteonecrosis

### BEHAVIORAL HEALTH

#### Relative Contraindications:

- History of
    - drug or alcohol abuse
    - previous psychotic episodes
  - Developmental delay
- #### Absolute Contraindications:
- History of panic disorder
  - Inappropriate motivation for scuba training
  - Claustrophobia and agoraphobia
  - Active psychosis or while receiving psychotropic medications
  - Drug or alcohol abuse

### BIBLIOGRAPHY

**The Physiology and Medicine of Diving, 4<sup>th</sup> edition, 1993;**  
**Diving and Subaquatic Medicine, 3<sup>rd</sup> edition 1994; Diving Physiology**