

University of Mississippi /AAUS
MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

Name of Applicant (Print or Type)

Date (Mo/Day/Year)

To The PHYSICIAN:

This person is an applicant for training or is presently certified to engage in diving with self-contained underwater breathing apparatus (scuba). This is an activity that puts unusual stress on the individual in several ways. Your opinion on the applicant's medical fitness is requested. Scuba diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease. An absolute requirement is the ability of the lungs, middle ear and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant.

TESTS: Please initial that the following tests were completed.

[] Initial Examination

- _____ Medical History
- _____ Complete Physical Exam with emphasis on neurological and otological components
- _____ Chest X-Ray
- _____ Spirometry
- _____ Hematocrit or Hemoglobin

- _____ Urinalysis
- _____ Any further tests deemed necessary by the physician

Additional testing for first over age 40

- _____ Resting EKG
 - _____ Assessment of coronary artery disease using Multiple-Risk-Factor Assessment¹
- (age, lipid profile, blood pressure, diabetic screening, smoker) Note: Exercise stress testing may be indicated based on risk factor assessment²

[] Re-examination

**(Every 5 years under age 40,
every 3 years over age 40,
every 2 years over age 60)**

- _____ Medical History
- _____ Complete Physical Exam, with emphasis on neurological and otological components
- _____ Hematocrit or Hemoglobin
- _____ Urinalysis
- _____ Any further tests deemed necessary by the physician

Additional testing for over age 40

- _____ Resting EKG
 - _____ Assessment of coronary artery disease using Multiple-Risk-Factor Assessment⁵
- (age, lipid profile, blood pressure, diabetic screening, smoker) Note: Exercise stress testing may be indicated based on risk factor assessment⁶

RECOMMENDATION:

[] APPROVAL. I find no medical condition(s) that I consider incompatible with diving.

[] RESTRICTED ACTIVITY APPROVAL. The applicant may dive in certain circumstances as described in REMARKS.

[] FURTHER TESTING REQUIRED. I have encountered a potential contraindication to diving. Additional medical tests must be performed before a final assessment can be made. See REMARKS.

[] REJECT. This applicant has medical condition(s), which, in my opinion, clearly would constitute unacceptable hazards to health and safety in diving

¹ "Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations." Grundy et. al. 1999. AHA/ACC Scientific Statement. <http://www.acc.org/clinical/consensus/risk/risk1999.pdf>

⁶ Gibbons RJ, et al. ACC/AHA Guidelines for Exercise Testing. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Exercise Testing). Journal of the American College of Cardiology. 30:260-311, 1997. <http://www.acc.org/clinical/guidelines/exercise/exercise.pdf>

REMARKS:

PHYSICIAN'S STATEMENT:

I have evaluated the above-mentioned individual according to the American Academy of Underwater Sciences medical standards for scientific diving (Section 6.00), and find no conditions that may be disqualifying. I have discussed with the patient any medical condition(s) that would not disqualify him/her from diving but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these conditions.

_____ MD or DO
Date Signature

Name (Print or Type)

Address

Telephone Number

My familiarity with applicant is:

- _____ With this exam only
- _____ Regular Physician for _____ years
- _____ Other (describe) _____

My familiarity with diving medicine is:

APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM

I authorize the release of this information and all medical information subsequently acquired in association with my diving to _____ the Diving Safety Officer and Diving Control Board or their designee at (place) _____ on (date) _____.

Signature of Applicant _____