

KAUST Medical Evaluation of Fitness for SCUBA Diving Report

Name of Applicant _____

Date of Medical Evaluation _____

To The Examining Physician: Scientific divers require periodic scuba diving medical examinations to assess their fitness to engage in diving with self-contained underwater breathing apparatus (scuba). Their answers on the Diving Medical History Form may indicate potential health or safety risks as noted. Scuba diving is an activity that puts unusual stress on the individual in several ways. Your evaluation is requested on this Medical Evaluation form. 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 (see references, following page). An absolute requirement is the ability of the lungs, middle ears and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant. Please proceed in accordance with the AAUS Medical Standards (Sec. 6.00). If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

Tests: the following tests are required:

During all initial and periodic re-exams (Under age 40):

- Medical history
- Complete physical exam, with emphasis on neurological and ontological components
- Urinalysis
- Any further tests deemed necessary by the physician

Additional tests during first exam over age 40 and periodic re-exams (over age 40):

- Chest x-ray (Required only during first exam over age 40)
- Resting EKG
- Assessment of coronary artery disease using Multiple-Risk-Factor Assessment¹ (age, lipid profile, blood pressure, diabetic screening, smoking)

Note: Exercise stress testing may be indicated based on Multiple-Risk-Factor Assessment²

Physician's statement:

- ☐ Diver **IS** medically qualified to dive for: ☐ 2 Years (over age 60)
☐ 3 Years (age 40-59)
☐ 5 Years (under age 40)

- ☐ Diver **IS NOT** medically qualified to dive: ☐ Permanently
☐ Temporarily

I have evaluated the abovementioned individual according to the American Academy of Underwater Sciences medical standards and required tests for scientific diving and, in my opinion, find no medical conditions that may be disqualifying for participation in scuba diving. 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.

SIGNATURE _____ DATE _____

Name: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

My familiarity with applicant is:

- ☐ This exam only ☐ Regular physician for _____ years

My familiarity with diving medicine is: _____

Applicant's Release of Medical Information Form
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Name of Applicant: _____

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) KAUST

on

Signature of Applicant _____ Date _____

REFERENCES

¹ Grundy, S.M., Pasternak, R., Greenland, P., Smith, S., and Fuster, V. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement. *Journal of the American College of Cardiology*, 34: 1348-1359.
<http://content.onlinejacc.org/cgi/content/short/34/4/1348>

Diving Medical History Form (To Be Completed By Applicant-Diver)

Name _____ Sex ____ Age ____ Wt. ____ Ht. ____

Sponsor _____
(Dept./Project/Program/School, etc.)

Date _____

TO THE APPLICANT:

Scuba diving places considerable physical and mental demands on the diver. Certain medical and physical requirements must be met before beginning a diving or training program. Your accurate answers to the questions are more important, in many instances, in determining your fitness to dive than what the physician may see, hear or feel as part of the diving medical certification procedure.

This form shall be kept confidential by the examining physician. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own physician who must then indicate, in writing, that you have done so and that no health hazard exists.

Should your answers indicate a condition, which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, their written authorization will be required in order for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that they are concerned only with your well-being and safety.

		Please indicate whether or not the following apply to you	Comments
1		Convulsions, seizures, or epilepsy	
2		Fainting spells or dizziness	
3		Been addicted to drugs	
4		Diabetes	
5		Motion sickness or sea/air sickness	
6		Claustrophobia	
7		Mental disorder or nervous breakdown	
8		Are you pregnant?	
9		Do you suffer from menstrual problems?	
10		Anxiety spells or hyperventilation	
11		Frequent sour stomachs, nervous stomachs or vomiting spells	
12		Had a major operation	
13		Presently being treated by a physician	

		Please indicate whether or not the following apply to you	Comments
14		Taking any medication regularly (even non-prescription)	
15		Been rejected or restricted from sports	
16		Headaches (frequent and severe)	
17		Wear dental plates	
18		Wear glasses or contact lenses	
19		Bleeding disorders	
20		Alcoholism	
21		Any problems related to diving	
22		Nervous tension or emotional problems	
23		Take tranquilizers	
24		Perforated ear drums	
25		Hay fever	
26		Frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose	
27		Frequent earaches	
28		Drainage from the ears	
29		Difficulty with your ears in airplanes or on mountains	
30		Ear surgery	
31		Ringing in your ears	
32		Frequent dizzy spells	
33		Hearing problems	
34		Trouble equalizing pressure in your ears	
35		Asthma	
36		Wheezing attacks	
37		Cough (chronic or recurrent)	
38		Frequently raise sputum	
39		Pleurisy	
40		Collapsed lung (pneumothorax)	
41		Lung cysts	
42		Pneumonia	
43		Tuberculosis	
44		Shortness of breath	
45		Lung problem or abnormality	
46		Spit blood	
47		Breathing difficulty after eating particular foods, after exposure to particular pollens or animals	
48		Are you subject to bronchitis	
49		Subcutaneous emphysema (air under the skin)	
50		Air embolism after diving	
51		Decompression sickness	
52		Rheumatic fever	
53		Scarlet fever	

	No	Please indicate whether or not the following apply to you	Comments
54		Heart murmur	
55		Large heart	
56		High blood pressure	
57		Angina (heart pains or pressure in the chest)	
58		Heart attack	
59		Low blood pressure	
60		Recurrent or persistent swelling of the legs	
61		Pounding, rapid heartbeat or palpitations	
62		Easily fatigued or short of breath	
63		Abnormal EKG	
64		Joint problems, dislocations or arthritis	
65		Back trouble or back injuries	
66		Ruptured or slipped disk	
67		Limiting physical handicaps	
68		Muscle cramps	
69		Varicose veins	
70		Amputations	
71		Head injury causing unconsciousness	
72		Paralysis	
73		Have you ever had an adverse reaction to medication?	
74		Do you smoke?	
75		Have you ever had any other medical problems not listed? If so, please list or describe below;	
76		Is there a family history of high cholesterol?	
77		Is there a family history of heart disease or stroke?	
78		Is there a family history of diabetes?	
79		Is there a family history of asthma?	
80		Date of last tetanus shot? Vaccination dates?	

Please explain any “yes” answers to the above questions.

I certify that the above answers and information represent an accurate and complete description of my medical history.

Signature _____