



The Florida State University

Diving Medical History Form

To be completed by applicant-diver and provided to physician

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

Sponsor _____ Date _____

(Department, School)

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 must 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.

	Yes	No	Please indicate whether 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	
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	
24			Perforated ear drums	
25			Hay fever	

	Yes	No	Please indicate whether or not the following apply to you	Comments
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			Ringling 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	
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	

	Yes	No	Please indicate whether or not the following apply to you	Comments
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

Date

(This completed form remains with the attending physician)



The Florida State University
Diving Medical Exam Overview
For the Examining Physician

This person, _____, requires a medical examination to assess their fitness for certification as a Scientific Diver for the *Florida State University Academic Diving Program*. Their answers on the Diving Medical History Form (attached) may indicate potential health or safety risks as noted. We request that you evaluate their fitness on the attached scuba *Diving Fitness Medical Evaluation Report*. If you have questions about diving medicine, you may wish to consult one of the references or contact one of the physicians with expertise in diving medicine list below or the Undersea Hyperbaric and Medical Society, or the Divers Alert Network.

Please contact me if you have any questions or concerns about diving medicine or the *Florida State University Academic Program Standards for Scientific Diving* (https://marinelab.fsu.edu/marineops/diving/documents/FSU_Standards_ScientificDiving_rev_2016_FINAL.pdf).

Thank you for your assistance.

Diving Safety Officer (Printed)

Diving Safety Officer (Signature)

Date

Email: Fsucml-dso@fsu.edu Phone number: (850) 697 4120

CONDITIONS THAT MAY DISQUALIFY CANDIDATES FROM DIVING

Scuba and other modes of compressed-gas diving can be strenuous and hazardous. A special risk is present if the middle ear, sinuses, or lung segments do not readily equalize air pressure changes. The most common cause of distress is eustachian insufficiency. Recent deaths in the scientific diving community have been attributed to cardiovascular disease. Please consult the following list of conditions that usually restrict candidates from diving.

(Adapted from Bove, 1998: bracketed numbers are pages in Bove)

1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to autoinflate the middle ears. [5, 7, 8, 9]
2. Vertigo, including Meniere's disease. [13]
3. Stapedectomy or middle ear reconstructive surgery. [11]
4. Recent ocular surgery. [15, 18, 19]
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression. [20 - 23]
6. Substance abuse, including alcohol. [24 - 25]
7. Episodic loss of consciousness. [1, 26, 27]
8. History of seizure. [27, 28]
9. History of stroke or a fixed neurological deficit. [29, 30]
10. Recurring neurologic disorders, including transient ischemic attacks. [29, 30]
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage. [31]
12. History of neurological decompression illness with residual deficit. [29, 30]
13. Head injury with sequelae. [26, 27]
14. Hematologic disorders including coagulopathies. [41, 42]
15. Evidence of coronary artery disease or high risk for coronary artery disease. [33 - 35]
16. Atrial septal defects. [39]
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying. [38]
18. Significant cardiac rhythm or conduction abnormalities. [36 - 37]
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD). [39, 40]
20. Inadequate exercise tolerance. [34]

21. Severe hypertension. [35]
22. History of spontaneous or traumatic pneumothorax. [45]
23. Asthma. [42 - 44]
24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae, or cysts. [45, 46]
25. Diabetes mellitus. [46 - 47]
26. Pregnancy. [56]

LIST OF PHYSICIANS WITH TRAINING & EXPERTISE IN DIVING MEDICINE

Divers Alert Network
 Medical Information Line
 Phone: (919) 684-2948 Ext 222
 Available: Mon-Fri, 9 AM to 5 PM EST

William Kepper, MD
 1910 Hillbrooke Trail, Suite 2
 Tallahassee, FL 32311
 Phone: (850) 878-2637

John T. MacKay, MD
 2412 West Plaza Drive
 Tallahassee, FL 32308
 Phone: (850)-877-8171

Thomas Bozzuto, DO
 803 N. Jefferson Street, Suite A
 Albany, GA 31701
 Phone: (229) 312-7600

SELECTED REFERENCES IN DIVING MEDICINE

Available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100, the Divers Alert Network (DAN) or the Undersea and Hyperbaric Medical Society (UHMS), Durham, NC

- Elliott, DH. 1996. *Are Asthmatics Fit to Dive?* Kensington, MD. Undersea & Hyperbaric Medical Society.
- Bove, AA. 2011. The cardiovascular system & diving risk. *Undersea & Hyperbaric Medicine* 38(4):261-269.
- Thompson, PD. 2011. The cardiovascular risks of diving. *Undersea and Hyperbaric Medicine* 38(4): 271-277.
- Douglas, PS. 2011. Cardiovascular screening in asymptomatic adults: Lessons for the diving world. *Undersea & Hyperbaric Medicine* 38(4): 279-287.
- Mitchell, S.J., and A.A. Bove. 2011. Medical screening of recreational divers for cardiovascular disease: Consensus discussion at the Divers Alert Network Fatality Workshop. *Undersea and Hyperbaric Medicine* 38(4): 289-296.
- Grundy, SM, R Pasternak, P Greenland, S Smith, S., V Fuste. 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>
- Bove, AA, J Davis. 2003. *Diving Medicine*, 4th Edition. W.B. Saunders Company, Philadelphia.
- Edmonds, C, C Lowry, J Pennefather, R Walker. 2002. *Diving and subaquatic medicine*, 4th Edition. Hodder Arnold Publishers, London.
- Bove, AA. 1998. *Medical examination of sport scuba divers*. Medical Seminars, Inc, San Antonio, TX.
- NOAA DIVING MANUAL, NOAA. Superintendent of Documents. Washington, DC: U.S. Government Printing Office.
- U.S. NAVY DIVING MANUAL. Superintendent of Documents, Washington, DC: U.S. Government Printing Office, Washington, D.C.



The Florida State University
**AAUS Medical Evaluation of Fitness for Scuba Diving Report
 For the Examining Physician**

 Name of Applicant (Print or Type)

 Date of Medical Evaluation (Month/Day/Year)

To The Examining Physician: Scientific divers require periodic medical exams to assess their fitness to engage in diving with self-contained underwater breathing apparatus (scuba). Scuba diving puts unusual stress on the individual in several ways. Scuba diving requires heavy exertion so the diver must be free of cardiovascular and respiratory disease¹. An absolute requirement is the ability to equalize pressure in the lungs, middle ears and sinuses. Any condition that risks the loss of consciousness disqualifies the applicant. **We request on this form that you evaluate the applicant's medical fitness to dive.** The completed form must be returned to the Dive Safety Officer before the applicant can participate in Scientific Diving at the Florida State University. Please proceed in accordance with the AAUS Medical Standards. 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 otological components
- Urinalysis
- Any further tests deemed necessary by the physician

ADDITIONAL TESTS DURING FIRST EXAM & 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:

___ 01 Diver **IS** medically qualified to dive for:

___ 2 years (over age 60) ___ 3 years (age 40-59) ___ 5 years (under age 40)

___ 02 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 (Sec. 6.00 and Appendix 1) 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.

My familiarity with applicant is: ___ This exam only ___ Regular physician for ___ years

My familiarity with diving medicine is: _____

 (Circle One: MD or DO) _____
 Name (Print) Name (Signature) Date

 Address Telephone Number Email Address

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>