

APPENDIX 2

MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

 Name of applicant

 Date of medical evaluation (Month/Day/Year)

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 and safety risks as noted. Scuba diving is an activity that puts unusual stress on the individual in several ways. Your evaluation 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.

THE FOLLOWING TESTS ARE REQUIRED. Examining Physician-please initial that the following tests were completed:

INITIAL EXAMINATION:

- ___ Medical History
- ___ Complete physical exam, with emphasis on neurological and ontological components
- ___ Hematocrit or Hemoglobin
- ___ Urinalysis
- ___ Chest X-ray
- ___ Spirometry
- ___ Audiometry
- ___ Any further tests deemed necessary by the physician

RE-EXAMINATION(q5y <40, q3y>40, q2y>60)

- ___ Medical History
- ___ Complete physical exam, with emphasis on neurological and ontological components
- ___ Hematocrit or Hemoglobin
- ___ Urinalysis
- ___ Any further tests deemed necessary by the physician

ADDITIONAL TESTING FOR INITIAL EXAM 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 Multiple-Risk-Assessment²

ADDITIONAL TESTING FOR RE-EXAM OVER 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 Multiple-Risk-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

Remarks:

REFERENCES

Scott M. Grundy, MD, PhD, Richard Pasternak, MD, Philip Greenland, MD, Sidney Smith, Jr, MD and Valentin Fuster, MD, PhD Assessment of cardiovascular risk by use of multiple-risk-factor assessment equations J Am Coll Cardiol, 1999; 34:1348-1359
<http://content.onlinejacc.org/cgi/content/short/34/4/1348>

PHYSICIAN'S STATEMENT (continued):

I have evaluated the abovementioned individual according to the American Academy of Underwater Sciences medical standards and required tests for scientific diving (sec. 6.0 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.

_____ **MD or DO** _____
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: _____

APPENDIX 2b
MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT
APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM

Name of Applicant

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

Signature Applicant_____Date_____