



Mornington
Medical Group

SPUMS Diving Medical Form

Health statement for persons wishing
to undertake SCUBA-diving training

Please complete and return to reception

Introduction

This is a medical questionnaire designed to identify any health issues that may increase the risk to you from undertaking SCUBA diving.

In order to undertake dive training you will be required to sign this form on the understanding that relevant medical details may be passed to your dive trainer.

You will also be informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training programme. Your signature on this statement is required for you to participate in the scuba training program offered.

If you are under 18 years of age, you must have this questionnaire signed by a parent or guardian.

Training to be offered by and (Instructors)

located at (Facility)

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your lungs, heart and circulation must be in good health. All body air spaces such as the sinuses and middle ears must be normal and healthy. A person with heart disease, a current head cold or lung congestion, epilepsy (fits), any severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should inform the doctor and the instructor before participating in this programme.

You will also learn from the instructor the important safety rules regarding breathing and ear clearing while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Candidate Initials

Personal Information *(Please read carefully before signing)*

Family/Surname	Given Name
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Date of Birth D M Y	Gender Male Female
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Address	Postcode
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Home Phone	Mobile Phone
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Occupation

Email (Optional)

Are you regularly taking any prescription tablets, medicines or drugs? | Y | N |

Have you had any reactions to drugs or medicines or foods? | Y | N |

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**.

Have you ever had or do you now have any of the following?	Yes	No	Physician's comments
11. Any continuing eye or visual problems (apart from needing glasses or contact lenses)?			
12. Sinusitis (e.g. hay fever, sinus infections)?			
13. Any other nose or throat problem (apart from previous coughs and colds)?			
14. Dentures or plates that are removable?			
15. Deafness or ringing noises in ear(s)?			
16. Discharging ears or other infections?			
17. Previous ear operation (including as a child)?			
18. Giddiness or loss of balance?			
19. Severe motion sickness?			
20. Any ear problems or severe headaches when flying in aircraft?			
21. Severe or frequent headaches, including migraine?			
22. Faints or blackouts?			
23. Convulsions, fits or epilepsy?			
24. Any episodes of unconsciousness?			
25. Depression requiring medical treatment?			
26. Claustrophobia?			
27. Mental illness?			
28. Heart disease?			
29. Awareness of a racing or irregular heart beat?			
30. High blood pressure?			
31. Rheumatic fever?			
32. Discomfort in your chest with exertion?			
33. Very short of breath on exertion (out of proportion to the exercise)?			
34. Bronchitis or pneumonia?			
35. Pleurisy or severe chest pain?			
36. Coughing up phlegm or blood?			
37. Chronic or persistent cough?			
38. Tuberculosis ("TB")?			
39. Pneumothorax ("collapsed lung")?			

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	Yes	No	Physician's comments
40. Frequent chest colds?			
41. Asthma or wheezing?			
42. Use a puffer (medication inhaler for asthma)?			
43. Any other chest complaint?			
44. Operation on chest, lungs, or heart?			
45. Peptic ulcer or acid reflux requiring treatment?			
46. Vomiting blood or passing red or black motions?			
47. Jaundice, hepatitis or liver disease?			
48. Malaria?			
49. Severe loss of weight?			
50. Hernia or rupture?			
51. Major joint or back injury?			
52. Paralysis, muscle weakness or numbness?			
53. Kidney disease?			
54. Diabetes?			
55. Blood disease or bleeding problem?			
56. Could you be pregnant, or are you trying to become pregnant?			
57. Have you ever had a diving accident or decompression illness/sickness?			

Water skills

Previous Diving Experience? When, and how many dives?

Previous qualifications (if any):

Can you swim? | Y | N |

Do you snorkel dive regularly? | Y | N |

Have you ever had any problem during or after swimming or diving?

Candidate Statement

I certify that the above information is true and complete to the best of my knowledge. I hereby authorise (dive training organisation) _____ to pass this information to a diving doctor of my choosing. I also authorise that doctor to obtain or supply medical information regarding me to other doctors as may be necessary for medical purposes in my personal interest.

Signed

Date | D | M | Y |

Note — Any chronic disease, such as hepatitis A, B, C, AIDS or tuberculosis, may increase your risks from diving. If you have a chronic disease please discuss it with the doctor who will then be able to advise you whether you will be at increased risk.

Pre-dive medical form for entry-level SCUBA divers

Append the diver medical statement above

Notes or additions to medical history

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Medical examination *(To be completed by an Approved Medical Practitioner)*

1. Height – cm	2. Weight – kg	3. Visual acuity R 6/	Corrected 6/	4. Blood Pressure – mmHg	5. Pulse Rate – bpm
		L 6/	Corrected 6/		

6. Urinalysis Albumin	7. Respiratory function tests including: (attach results) FVC	8. CXR (if required) Date: Place: Result:
Glucose	FEV ₁ Ratio (%)	

9. Audiometry dB (Hz)	500	1000	1500	2000	3000	4000	6000	8000
Right								
Left								

10. ECG (if indicated)

Clinical Examination/Assessment	Normal	Abnormal	Notes on Abnormality
11. Nose, septum, airway			
12. Mouth, throat, teeth, bite			
13. External auditory canal			
14. Tympanic membrane			
15. Middle ear autoinflation			
16. Neurological – Eye movements – Pupillary reflexes – Limb reflexes – Finger-nose – Sharpened Romberg's			
17. Abdomen			
18. Chest auscultation			
19. Cardiac auscultation			
20. Other abnormalities			

Statement of health for recreational diving

This Section to be completed by a Medical Practitioner with appropriate training in diving medicine

This is to certify that I have today interviewed and examined:

Family/Surname

Given Name

Address

Postcode

Date of Birth

| D | M | Y |

Initial the statements that apply:

I have assessed the candidate in accordance with the SPUMS Recreational Dive Medical.

I can find no conditions which are incompatible with compressed gas, scuba and surface supplied breathing apparatus (SSBA) and / or breath-hold diving.

I have explained the health risks of diving disclosed by this examination to the candidate and we have discussed how these risks may be reduced. The candidate appears to have a good understanding of these risks.

Based upon my assessment, the candidate should not dive with compressed gases (scuba and SSBA).

Based upon my assessment, the candidate should not breath-hold dive.

Advice: (append further notes as required)

Condition 1: _____

Condition 2: _____

Medical Practitioner Details

Name

Address

Postcode

Phone

Signed

This Section to be completed by the Candidate

Initial the statements that apply:

I understand the health risks that I may encounter in diving and how these risks may be reduced.

I also understand that the medical practitioner's recommendation here with is based, in part, upon the disclosure of my medical history.

I agree to accept any responsibility and liability for health risks associated with my participation in underwater diving, including those that are due to or are influenced by a change in my health and / or my failure to disclose any existing or past health condition to the medical practitioner.

I hereby authorise the medical practitioner to supply information with regard to my medical fitness to dive to the diving instructor.

Signature of candidate

Name of Candidate

Date | D | M | Y |