

Dive Medical

A.S. 4005.1

1. Surname: _____ Other Names _____

2. Date of Birth: _____

3. Address: _____ Phone: _____

4. Sex Male Female 5. Principal Occupation: _____

6. Do you participate in any regular physical Activity? Yes No

7. Description of Activity?

8. Do you smoke? Yes No 9. Do you drink Alcohol? Yes No

10. If yes, how many drinks per week?

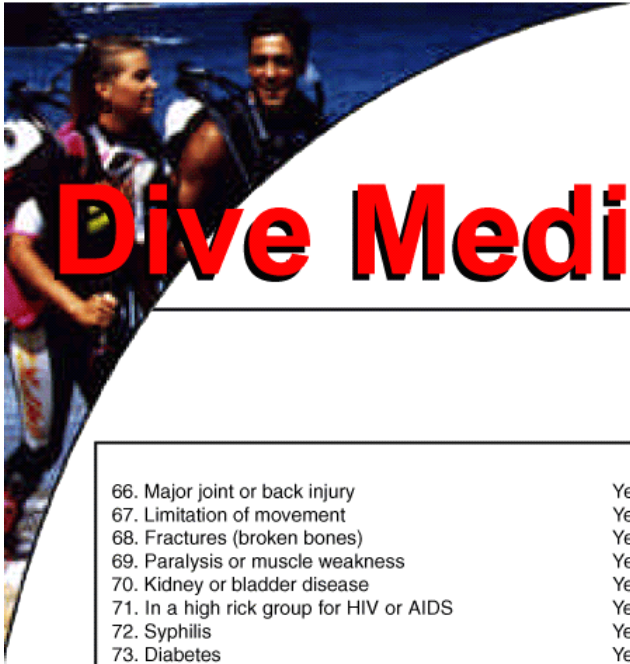
11. Are you taking any tablets, medicines or other drugs? Yes No List:

12. Do you have any allergies? Yes No List:

13. Have you had any reactions to drugs, medicines or food? Yes No List:

Have you ever had or do you now have any of the following? Circle Yes or No

	Notes on Abnormalities	
14. Previous diving medical	Yes	NO
15. Prescription Glasses	Yes	No
16. Contact lenses	Yes	No
17. Eye or visual problems	Yes	No
18. Hay fever	Yes	No
19. Sinusitis	Yes	No
20. Any other nose or throat problem	Yes	No
21. Dentures/plates, dental prostheses	Yes	No
22. Recent dental procedures	Yes	No
23. Discharging ears or other infections	Yes	No
24. Deafness or ringing noises in ears	Yes	No
25. Operation on ears	Yes	No
26. Giddiness or loss of balance	Yes	No
27. Severe motion sickness	Yes	No
28. Seasickness medication	Yes	No
29. Any problems when flying in aircraft	Yes	No
30. Severe or frequent headaches	Yes	No
31. Migraine	Yes	No
32. Fainting	Yes	No
33. Convulsions, fits or epilepsy	Yes	No
34. Unconsciousness	Yes	No
35. Concussion or head injury	Yes	No
36. Sleepwalking	Yes	No
37. Severe Depression	Yes	No
38. Claustrophobia	Yes	No
39. Mental illness	Yes	No
40. Heart Disease	Yes	No
41. Abnormal blood test	Yes	No
42. ECG (heart tracing)	Yes	No
43. Consciousness of your heart beat	Yes	No
44. High Blood pressure	Yes	No
45. Pneumatic Fever	Yes	No
46. Discomfort in your chest with exertion	Yes	No
47. Shortness of breath on exertion	Yes	No
48. Bronchitis or pneumonia	Yes	No
49. Pleurisy or severe chest pain	Yes	No
50. Coughing up phlegm or blood	Yes	No
51. Chronic or persistent cough	Yes	No
52. TB	Yes	No
53. Pneumothorax (collapsed lung)	Yes	No
54. Frequent Chest colds	Yes	No
55. Asthma or wheezing	Yes	No
56. Use a puffer	Yes	No
57. Other chest complaints	Yes	No
58. Operation on chest, lung or heart	Yes	No
59. Indigestion. peptic ucler or acid reflux	Yes	No
60. Vomiting blood or passing red or black motions	Yes	No
61. Recurrent vomiting or diarrhea	Yes	No
62. Jaundice, hepatitis or liver disease	Yes	No
63. Malaria or other tropical disease	Yes	No
64. Severe loss of weight	Yes	No
65. Hernia or rupture	Yes	No



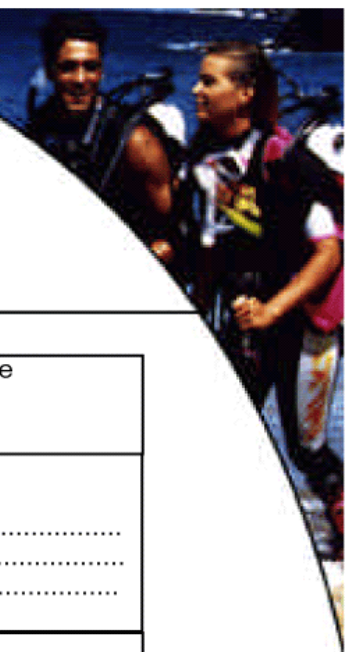
Dive Medical

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			Notes on Abnormalities
66. Major joint or back injury	Yes	No	
67. Limitation of movement	Yes	No	
68. Fractures (broken bones)	Yes	No	
69. Paralysis or muscle weakness	Yes	No	
70. Kidney or bladder disease	Yes	No	
71. In a high risk group for HIV or AIDS	Yes	No	
72. Syphilis	Yes	No	
73. Diabetes	Yes	No	
74. Blood disease or bleeding problems	Yes	No	
75. Skin disease	Yes	No	
76. Contagious disease	Yes	No	
77. Operations	Yes	No	
78. In hospital for any reason	Yes	No	
79. Life insurance rejected	Yes	No	
80. A job or a license refused on medical grounds	Yes	No	
81. Unable to work for medical reasons	Yes	No	
82. An invalid pension	Yes	No	
83. Any other illnesses or injury or any other medical conditions	Yes	No	
Have any blood relations had:			
84. Heart Disease	Yes	No	
85. Asthma or chest Disease	Yes	No	
86. TB	Yes	No	
Female only:			
87. Ate you possibly pregnant or planning to be?	Yes	No	
88. Do you have any incapacity during periods	Yes	No	
89. Date of last chest X-ray	Yes	No	
Previous Diving experience			
90. Can you swim?	Yes	No	
91. have you ever had any problems during or after swimming or diving	Yes	No	
92. Have you ever had to be rescued?	Yes	No	
93. Do you snorkel regularly?	Yes	No	
94. Have you tried SCUBA diving before?	Yes	No	
95. Have you had previous formal SCUBA training?	Yes	No	
96. Year _____			
97. Approximate number of dives _____			
98. Maximum depth of any dive _____			
99. Longest duration of any dive _____			

I certify that the above information is true and complete to the best of my knowledge and I hereby authorize Dr _____ to give medical opinion as to my fitness or temporary or permanent unfitness to dive to my diving instructor, I also authorize him or her to obtain medical information regarding me from or to other doctors as may be necessary for medical purpose in my personal interest.

Signed: _____ Date: _____



1. Height Cm	2. Weight Kg	3. Vision R6/ Corr6/ L6/ Corr6/	4. Blood Pressure	5. Pulse		
6. Urinalysis Albumen Glucose		7. Respiratory function test Vital capacity Fev1 Percentage		8. Chest X-ray (if indicated) Date..... Place..... Result.....		
8. Audiometry (air conduction)						
Frequency, Hz	500	1000	2000	4000	6000	8000
Loss in dB, (R)						
Loss in dB, (L)						
If abnormal, enter in diver s logbook, on certificate, or both						
Clinical examination/assessment		Normal	Abnormal	Notes on abnormalities		
10. Nose, septum, airway						
11. mouth, throat, teeth, bite						
12. External auditory canal						
13. Tympanic membrane						
14. Middle ear auto-inflation						
15. Neurological						
-Eye movements						
-Pupillary reflexes						
-Limb reflexes						
-Finger-nose						
-Sharpened Romberg						
16. Abdomen						
17. Chest hyperventilation						
19 Other Abnormalities						

Result should be descriptively detailed at right assist future comparison.

Fit to Dive Yes Advice put on certificate:
 No-Temporary Reasons:
 No-Permanent Reasons:

Name (print) _____

Signed _____ Date _____

Detach the certificate below and hand to the candidate.
 Medical benefits refund and/or medical rebate is not permissible, by law, for this examination. m issue of any time number which allows the candidate to claim such benefit will result in the physician being guilty of medifraud.

 This is to certify that I have examined

Name _____

Address _____

in accordance with the requirement of AS 4005.1 Appendix A, and have found him/her to be:

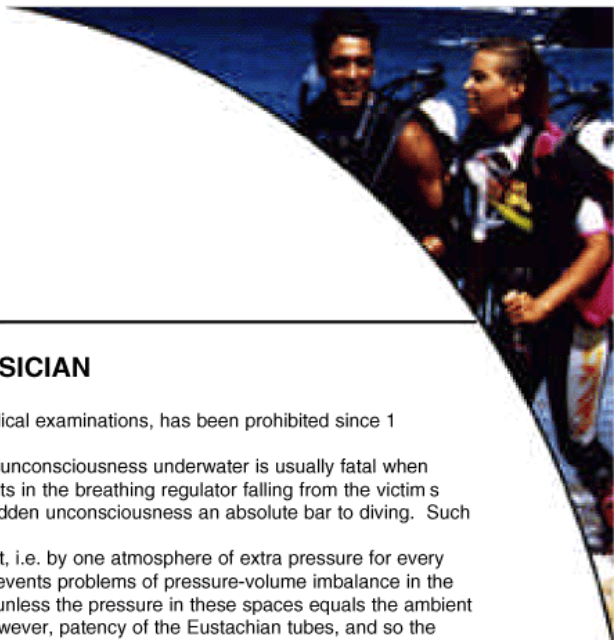
- FIT
- PERMANENTLY UNFIT
- TEMPORARILY UNFIT

for diving and diving training undertaken using compresses air underwater
 Audiogram Normal/Abnormal (see below)

Printed Name _____ Signed _____

Address _____

Advice _____



ADVICE TO THE EXAMINING PHYSICIAN

Issuing an itemized account, which enables the patient to claim medicare benefits for diving medical examinations, has been prohibited since 1 February 1984.

Diving is a sport carried on in a non-respirable environment using breathing apparatus. Sudden unconsciousness underwater is usually fatal when using SCUBA equipment, as the relaxation of muscle tone accompanying unconsciousness results in the breathing regulator falling from the victim's mouth. The diver's next breath will be water. This makes any condition which can cause sudden unconsciousness an absolute bar to diving. Such conditions include epilepsy and diabetes where the patient requires insulin.

A further problem with the water environment is that pressure increases very rapidly with descent, i.e. by one atmosphere of extra pressure for every 10m of depth in the sea. The use of breathing apparatus, providing gas at ambient pressure, prevents problems of pressure-volume imbalance in the lungs during descent. However, the middle ears and sinuses will develop problems on descent unless the pressure in these spaces equals the ambient pressure. There is no way of establishing the patency of sinus ostia by clinical examination. However, patency of the Eustachian tubes, and so the ability to equalize the middle ear pressures, can be established easily. Observation of the tympanic membrane while the patient holds his or her nose, shuts the mouth and blows (Valsalva manoeuvre) will reveal ingress of air to the middle ear by movement of the drum. The Eustachian tube opening in the nasopharynx is normally closed. Swallowing opens the ostium. Therefore, a combination of a Valsalva and swallowing during the manoeuvre will give the best chance for air to travel up the Eustachian tube. Another way of opening the Eustachian tube is to protrude the jaw and wriggle it from side to side while performing a Valsalva manoeuvre. Failure to auto-inflate a middle ear is an absolute bar to diving until the person can auto-inflate.

A further set of pressure related problems also occur during ascent when the ambient pressure is decreasing. If an air-filled space cannot vent when the surrounding pressure is reduced, two things can happen. A space with elastic sides can expand but if the space has rigid walls, the pressure in the space remaining at the original pressure becomes higher than ambient pressure. The chest wall is elastic, but after a certain expansion the stretching of the lungs results in tearing of the lung substance. Air can then enter the pulmonary venous drainage, pass through the left portion of the heart and be carried to the brain as air embolism. Unconsciousness and death can result. Thus, any condition preventing normal emptying of the lungs is an absolute bar to diving.

Lung cysts, bullae, and other areas that empty slowly or not at all are an absolute bar to breathing air under pressure. These conditions are best detected by taking an X-ray of the chest in full inspiration and another in full expiration. Asthma is another such condition. To detect expiratory airway obstruction, a Vitalograph (or similar) test is required. Experience in the navies of the world, with submarine escape training of many thousands, has shown that a disproportionate number of those suffering burst lungs have FEV/FVC ratios of below 75%. Such people do not need to hold their breath on ascent to damage their lungs; all they have to do is rise too rapidly. People with FEV/FVC ratio below 75% cannot be considered fit for diving. A normal FEV/FVC ratio but clinical signs of bronchospasm, especially on forced deep, rapid ventilation, is an indication of unfitness to dive. Treatment with drugs is not suitable as the effects can wear off underwater and the combined effects of pressure and bronchodilator drugs are uncertain.

It is hoped that the foregoing makes the following list of absolute and relative contraindication to diving logical and comprehensible:

ABSOLUTE CONTRAINDICATION	RELATIVE CONTRAINDICATION
Conditions causing unconsciousness	FEV/FVC ratio less than 75%
Epilepsy	Poor physical condition
Diabetes where the patient requires insulin	Previous myocardial infarction

Pregnancy
ENT conditions

Inability to auto-inflate the middle ears. Previous middle ear surgery with insertion of prosthesis to replace any of the ossicles

<i>Lung conditions</i>	Further information about medical standards for
Asthma	minimum entry-level SCUBA divers is to be found in
Lung cysts	AS4005.1. available from Standards Australia

Previous spontaneous pneumothorax

Obstructive lung disease

Lungs which empty unevenly (X-ray appearance)

Previous thoracotomy

IF in doubt about a candidate's fitness, it is safer for the candidate to be classed as unfit than fit to dive. Difficult decisions should be referred to a doctor experienced in diving medicine. These are to be found in each State. The South Pacific Underwater Medicine Society maintains a list of its members with training in diving medicine. Enquires should be addressed to the Secretary of SPUMS, C/- Australian College of Occupational Medicine, PO Box 2090, St Kilda West, Victoria 3182. URGENT specialist advice can be obtained from the hyperbaric units in each State, the RAN School of Underwater Medicine, HMAS Penguin, Balmoral, NSW 2091. Phone: (02) 9960 0444, and the Diving Emergency Service, C/- Hyperbaric Medical Unit, Royal Adelaide Hospital, Phone: 1800 088 200

Recommended reading

DIVING AND SUBAQUATIC MEDICINE Edmonds, C, Lowry, C, and Pennefather, J. 2nd Edition, 1981 Revised 1983. Sydney: Diving Medical Centre.

Referred Doctors:

Dr: _____ Contact No. _____

Dr: _____ Contact No. _____

Dr: _____ Contact No. _____

Visit our website:

www.prodivecronulla.com