

SOUTH AFRICAN DIVE MEDICAL EXAMINATION FORM

DIVING MEDICAL EXAMINATION INFORMATION

1. Date of Examination (DD-MM-YY)	2. Diving classification (mark the appropriate blocks)	Initial Medical	
	<input type="checkbox"/> Military <input type="checkbox"/> Scientific <input type="checkbox"/> Sport <input type="checkbox"/> Commercial <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Learner	Renewal Medical	

PERSONAL DETAILS

3. Surname			4. Christian Names				5. Nickname	
6. Sex	7. Age	8. Date of birth (DD-MM-YY)	9. Identity Number				10. Marital status	
11. Address						12. Telephone No: (Home)		
Postal Code								
13. Name of employer						14. Present Occupation		
15. Address of employer						16. Telephone No: (Work)		
Postal Code								
17. Highest Academic Qualification						18. Sporting Activities		

DIVING HISTORY

19. What is your highest diving qualification?			20. Where were you trained?			21. How long have you been diving?		
22. Have you ever had any accidents related to your diving?			23. What is the greatest depth you have dived to?			24. How many dives do you do per year?		
25. What type of diving have you done in the past year						26. Have you ever been declared medically unfit to dive?		
<input type="checkbox"/> Saturation <input type="checkbox"/> Technical (Trimix) <input type="checkbox"/> Decompression <input type="checkbox"/> No Decompression <input type="checkbox"/> Other						<input type="checkbox"/> YES <input type="checkbox"/> NO		
If other, please specify: _____						If YES, please provide details _____		

DIVING RELATED INJURIES OR ILLNESSES

Have you ever suffered from or experienced, or are you now suffering from or experiencing any of the following?			
	NO	YES	NOTES (to be completed by Diving Medical Officer)
27. Barotrauma of the ear/s?			
28. Ear drum rupture or deafness?			
29. Dizziness?			
30. Barotrauma of the sinuses ("sinus squeeze")?			
31. Barotrauma of the lungs?			
32. Burst lung / Pneumothorax?			
33. Air Embolism?			
34. Nitrogen Narcosis?			
35. Decompression Sickness/ Niggles/ Bends?			
36. Near drowning?			
37. Severe marine animal injuries?			
38. Oxygen convulsions/ toxicity?			
39. Carbon monoxide poisoning?			
40. Aseptic bone necrosis			
41. Any other diving ailment? (eg. Swimmer's ear, rashes, etc.)?			

I certify that the above information is true and complete to the best of my knowledge

SIGNATURE OF DIVER/ PROSPECTIVE DIVER

DATE

MEDICAL HISTORY

	NO	YES		NO	YES
42. Are you being treated by a doctor at present?			CENTRAL NERVOUS SYSTEM		
43. Are you presently taking any medication?			86. Fits or epilepsy?		
44. Have you ever been rejected for insurance, or accepted with higher premiums?			87. Concussion or other head injury?		
45. Have you been unable to work for medical reasons within the last 5 years?			88. Headaches?		
46. Have you ever been on pension?			88. (a) Migraine headaches?		
47. Do you suffer any ill effects when flying in an aircraft?			89. Nightmares or sleepwalking?		
48. Are you incapacitated during menses? (FEMALES)			90. Insomnia (or regular difficulty sleeping)?		
49. Are you pregnant now? (FEMALES)			91. Bed wetting?		
50. Are you on a contraceptive pill? (FEMALES)			92. Loss of memory?		
51. Have you ever been admitted to a mental institution?			93. Severe depression?		
52. Have you had any operations?			94. Suicidal tendencies?		
Have you ever suffered from, or are you now suffering from any of the following, or have you experienced or are you currently experiencing any of the following conditions?			95. Claustrophobia?		
CARDIO-VASCULAR SYSTEM			96. Have you ever been unconscious?		
53. Rheumatic Fever?			97. Any other mental or nervous disorder?		
54. Palpitations?			URO-GENITAL SYSTEM		
55. Myocardial Infarction (Heart Attack)?			98. Kidney or bladder disease?		
56. High Blood Pressure?			99. Painful urination?		
57. Low Blood Pressure?			100. Blood in your urine?		
58. Do you have bleeding tendencies?			101. Sugar or protein (albumin) in your urine?		
59. Are you anaemic?			102. Kidney stones (renal calculus)?		
60. Heart valve abnormalities (leaking heart)?			103. Sexually transmitted disease / VD / AIDS?		
61. Blood disease / disorder?			GASTRO-INTESTINAL SYSTEM		
RESPIRATORY SYSTEM			104. Diabetes mellitus (sugar sickness)?		
62. Asthma?			105. Indigestion / heart-burn?		
62. (a) As a child?			106. Stomach ulcer (gastric, peptic or duodenal ulcer)?		
62. (b) As a result of exercise or cold?			107. Yellow jaundice or hepatitis?		
62. (c) Do you use an inhaler?			108. Hernia (groin or hiatus hernia)?		
63. Bronchitis, pneumonia or lung abscess?			109. Haemorrhoids (piles)?		
64. Chest Pains?			110. Appendicitis?		
65. Coughing up of blood?			111. Recurrent vomiting or diarrhoea?		
66. Tuberculosis?			MUSCULO-SKELETIAL SYSTEM		
67. Emphysema, shortness of breath?			112. Swollen or painful joints?		
68. Chronic or persistent cough?			113. Joint or back injury?		
69. Do you smoke (cigarettes, pipe, dagga etc.)?			114. Bone fractures (broken bones)?		
69. (a) IF YES; how many per day (average)?			115. Paralysis?		
70. Pneumothorax (collapsed lung)?			117. Arthritis?		
71. Any other chest complaint, chest injury or operation?			118. Do you suffer from cramps in the legs during rest or when exercising?		
EAR, NOSE AND THROAT			GENERAL		
72. Hay fever, sinusitis, any other nose/throat complaint?			119. Porphyria?		
73. Discharge from ears, ear infection?			120. Malaria or other tropical disease?		
74. Deafness or tinnitus (ringing in the ears)?			121. Abnormal loss of weight?		
75. Have you undergone any ear operations?			122. Any skin disease?		
76. Do you have dentures?			123. Any allergies (including drug / medicine allergies)?		
77. Do you ever suffer from severe toothache?			124. Problems related to drug or alcohol use / abuse?		
78. Do you have fillings in your teeth?			125. Stuttering?		
79. Motion sickness (car, air, sea)?			126. Are you, or have you ever been homosexual?		
80. Recurrent infection of the air passages?			127. Have you ever been in a serious accident?		
VISUAL SYSTEM (EYES)			128. Enlarged thyroid / thyroid gland problem?		
81. Eye defects?			129. Tumour, growth or cancer?		
82. Visual defects (including visual fields)?			<i>I certify that the above information is true and complete to the best of my knowledge.</i>		
83. Do you wear glasses or contact lenses?					
84. Are you colour-blind?					
85. Have you ever had any eye operations?					

SIGNATURE OF DIVER /

DATE

FAMILY HISTORY

	Age	State of health	If dead age at time	Cause of death
130. Father				
131. Mother				
132. Wife/husband?				
133. Brothers				
134. Sisters				
135. Children				

	NO	YES	NOTES (to be completed by the Diving Medical Officer. If any abnormal findings are made, please provide full notes on the facing page. If further space is required please attach additional sheets.)
HAS ANY DIRECT RELATION EVER HAD:			
136. Diabetes mellitus (sugar sickness)?			
137. Cancer?			
138. Heart disease?			
139. Asthma or hay fever?			
140. Epilepsy?			
141. Mental illness?			
142. Haemorrhagic disease (bleeding problems)?			

I certify that the above information is true and complete to the best of my knowledge.

SIGNATURE OF DIVER / PROSPECTIVE DIVER

DATE

MEDICAL EXAMINATION (to be completed by Diving Medical Examiner)

143. Mass (kg) (undressed)	144. Height (cm) (bare feet)	145. Measurement of chest and abdomen (in cm)			146. Eye colour	147. Hair colour	148. Body build	
		a. Inspiration	b. Expiration	c. Abdomen			Endomorph	
							Ectomorph	
149. (a) Pulse rate (resting)	/min	150. Blood Pressure (Lying down, at rest)		151. Blood Pressure (Lying, after 20 min rest; if 150 ABN)	152. Urine Examination		NORMAL	
							ABNORMAL	
149. (b) Pules rate (after 20 knee bends)	/min	SYSTOLIC mmHg		SYSTOLIC mmHg	(a) Blood	(b) Glucose	(c) Protein	
149. (c) Pules rate (60 sec after exercise)	/min	DIASTOLIC mmHg		DIASTOLIC mmHg	(d) Test used (trade name)			

153 - 178. SYSTEMATIC GENERAL EXAMINATION: If any abnormal findings are made, please provide full notes on the facing page. If further space is required please attach additional sheets. Attach copies of all special test results or reports to this form.

	NAD	ABN		NAD	ABN
153. Head, neck, face and scalp.			166. Anus and rectum (rectal examination if indicated)		
154. Nose, septum and airways			167. Endocrine system		
155. Sinuses			168. Genito-urinary system		
156. Mouth and throat (including teeth)			169. Upper limbs		
157. Speech			170. Spine		
158. Hearing (see audiogram)			171. Lower limbs		
159. Ear canals (incl. exostoses, otitis externa etc.)			172. Feet (including signs of any infections)		
160. Eardrums (perforations, valsalva)			173. Skin		
161. Eyes, (see visual system examination)			174. Lymphatic system		
162. Chest and lungs (including breasts)			175. Identifying body marks, scars, tattoos etc.		
163. Heart (output, size, rhythm and sounds)			176. Neurological examination - sensory, motor and reflexes		
164. Vascular system, peripheral pulses.			177. Psychological evaluation / impression		
165. Abdomen			178. Any other problems and general impressions		

153 - 178. EXPLANATORY NOTES REGARDING SYSTEMIC GENERAL EXAMINATION. All items marked as ABNORMAL should be accompanied by a clinical observation, and assessment whether it is of significance w.r.t. diving medical certification. (If more space is required, please attach additional sheet)

179 - 185 VISUAL EXAMINATION			183. VISUAL ACUITY (Use Snellen notation)				184. Colour Vision							
179. Orbit and Adnexae	NAD	ABN	EYE	Distant vision (6 metres)				(Specify test used and results)						
180. Ophthalmoscopic Exam.	NAD	ABN	Right	6/	corrected to 6/									
181. Pupils (reaction & size)	NAD	ABN	Left	6/	corrected to 6/									
182. Eye movements	NAD	ABN	Both	6/	corrected to 6/									
186. HEARING			Right Ear	Left Ear	Right Ear					Left Ear				
a. Voice Test					b. Audiometer									
					500	1000	2000	3000	4000	500	1000	2000	3000	4000
					Threshold in dB									

187. PULMONARY FUNCTION TESTING
 using vitalometer. Required at first examination by a DME, and thereafter by indication. Testing should be no less than every 4 years in non-smokers, and is strongly advised annually in smokers. Peak flow readings have no value in either predicting or classifying individuals with lung disorders.

	VALUES	RESULT	% Predicted
a. FVC	< 75%		
b. FEV1	< 80%		
c. FEV1 /FVC Ratio	< 85%		
d. FEF25-75%	< 65%		
e. VC	< 75%		
f. RV or ERV	< 65/> 135%		

g. INTERPRETATION

188 - 191. X-RAY EXAMINATIONS
 188. CHEST X-RAYS required annually (AP Inspiration, AP Expiration, and Lateral views)
 189. SINUS X-RAYS required at initial examination and as indicated.
 190. SKELETIAL (LONG BONE) X-RAYS to be performed in candidates who intend doing deep diving or mixed-gas diving courses, and annually if helium or saturation diving took place during the preceding year.
 191. SALINE CONTRAST ECHCARDIOGRAPHY For suspected ASD (Atrial septal defect) if indicated.

188. Chest X-Ray (Date and Findings)	
189. Sinus X-Ray (Date and Findings)	Not Performed <input type="checkbox"/>
190. Skeletial (long bone) X-Rays (Date and Findings)	Not Performed <input type="checkbox"/>
191. Saline Contrast Echocardiography (Date and Findings)	Not Performed <input type="checkbox"/>

192. ELECTROCARDIOGRAM (Resting & Stress) Required at initial examination, at first medical examination after ages 30, 35 and 40, and annually thereafter.
 Target heart rate = 220 - AGE (yrs) X 80% Date and Interpretation
 Not Performed Performed

193. ELECTROENCEPHALOGRAM (EEG) Required at initial examination if any significant CNS history (86 - 97), and repeated when indicated (Fits, head injuries, any episode of loss of consciousness, before diving with O2)
 Not Performed Performed Date and Findings

194 - 199. OTHER SPECIAL TESTS (as indicated)

BLOOD TESTS	194. Hb	195. ESR	196. Blood Group	197. Rh	198. HIV (AIDS)	199. Hepatitis B
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200. FINDINGS AND COMMENTS

FIT TO DIVE? Advice put on certificate

YES

NO - TEMPORARY

NO - PERMANENT

Reason:

Signature of DME Date Name, Address and Telephone Number of DME (Block letters)

SAMDC Registration No.	Course in Underwater Medicine	Dept of Manpower Registration No.
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