

# UK SPORT DIVER MEDICAL FORM

*Any fee in respect of the medical examination is the responsibility of the person being examined.*

**Diving training must not be undertaken until the candidate has completed a Medical Declaration or had a Medical Examination confirming fitness to dive**



## NOTES TO DIVER

Before anyone can undertake diver training, it is necessary for him or her to have completed this medical declaration. If he or she answers "Yes" to any question they must contact a medical referee (listed on the last page of this form) which may result in a medical examination. Exceptional fitness is not essential; both men and women can dive safely providing they are reasonably fit and do not suffer from any of the possible disqualifying conditions listed in the questionnaire. Sport diving can at times involve heavy physical exertion. Moreover, recreational diving in the UK is carried out in what can occasionally be a cold, dark and hostile environment and it entails responsibility for the safety of other divers.

### MEDICAL STANDARDS

A reference table describing the more common medical conditions which may cause problems for divers or may disqualify them from diving altogether is set out on the inside pages.

### CERTIFICATE OF FITNESS TO DIVE

If you have to see a Medical Referee and are found fit to dive, they will give you a completed Certificate of Fitness to Dive, You should show it to your Diving Officer and insert it in your Qualification Record Logbook for reference purposes.

### VALIDITY & STORAGE

A completed form without a "YES" answer is valid for the same period as a completed Medical Certificate. Divers under 40 years need to complete a new form every 5 years, between 40 to 50 every 3 years and yearly thereafter. Any changes in health must be declared as this may affect your fitness to dive. Completed forms must be kept by the diver's Branch or their diving organisation's HQ during their period of validity. The Medical Referee is advised to retain the records of those examined. and give a photocopy of the record to the diver.

### SECTION A This portion to be completed by the applicant

Name..... Telephone..... Age.....

Address..... Occupation.....

..... Dive Organisation..... Branch.....

..... Postcode..... Date of birth..... Mem. No.....

### Diver Medical Health Questionnaire

- |  | Yes                      | No                       |  | Yes                      | No                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had any back or spinal surgery?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you at any time had chest or heart surgery?  | <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you suffered from or had to take medication for asthma?  | <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you any history of alcohol or drug abuse in the past five years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had collapsed lung or pneumothorax?   | <input type="checkbox"/> | <input type="checkbox"/> | 15. Do you have diabetes?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had any other chest or lung disease?  | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are you currently taking any prescribed medication (except the contraceptive pill)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you suffered at any time from blackouts, fainting or recurrent dizziness?  | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are you currently receiving medical care or have you consulted the doctor in the last year other than for trivial infection or minor injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you had regular ear problems in the past ten years?  | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you ever been refused a diving medical certificate or life insurance or been offered special terms?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have an ileostomy, colostomy or ever had repair of a hiatus hernia?  | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have you ever had, or been treated for, decompression illness?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had epilepsy or fits?   | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 10. Have you had recurrent migraines?  | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 11. Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?                                | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |

If you answered "Yes" to any question, then give further details below. The completed form should be returned to headquarters and they will advise if a medical referee should be contacted. Further information will be sent to you if this is required.

I hereby declare that to the best of my knowledge, I am in good general health and declare that I have not omitted any information which might be relevant to my fitness for diving. I authorise any doctor who has attended me to disclose my medical history if requested to by a Medical Referee.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**N.B. In order for your medical to be valid this copy must be returned to HQ.**

**MEDICAL STANDARDS**

These notes are included for the guidance of divers completing this form who may be unfamiliar with requirements for diving.  
If in doubt, please discuss with your nearest Medical Referee.

<b>GENERAL</b>	Should your health change, you must notify your diving organisation and see a Medical Referee. If your instructor is unhappy about any aspect of your health, you may be referred to a Medical Referee. If planning to dive abroad, some countries require a full medical examination. Check in good time before you travel. Diving is not advised during pregnancy or when trying to conceive. Smoking reduces fitness and increases the risk of air embolism, pneumothorax, and coronary thrombosis.		
<b>SYSTEM</b>	<b>DISQUALIFYING FACTORS</b>	<b>ALLOWABLE FACTORS</b>	<b>OTHER POINTS</b>
<b>ENT</b>	Perforated eardrum in new entrants, chronic vestibular disease in new entrants.	Perforated eardrum known to have been present during several years of diving. Healed perforation, including "paper thin" scars. Unilateral nasal block. Sinusitis if not adversely affected by diving	Ear clearing is best checked by a practical test in the pool. Perforated eardrums can be surgically repaired and enable the individual to dive.
<b>Oral Cavity</b>	Dentures must be retained in place on fully opening the mouth and not be dislodged by placing jaws together in any position, or by movement of one denture against the other. They should extend to the muco-buccal fold. If dentures do not satisfy these requirements, they should not be worn whilst diving. Cleft palate not acceptable without Referee's opinion.		Bad teeth and fillings should not normally disqualify from diving but dental attention is recommended as neglect leads to dental caries, toothache and loss of teeth.
<b>Respiratory System</b>	Suspicion of active tuberculosis. Tuberculosis scars other than healed primary focus in new entrants. History of spontaneous pneumothorax, lung cysts or bullae normally disqualifies. Possible surgical treatment should be discussed with a Medical Referee. Spontaneous pneumothorax that occurred more than four years ago may be allowable provided a full set of lung function tests are performed and are normal. A Medical Referee must be consulted.	T.B. scars in established diver subject to Referee's opinion. Traumatic pneumothorax not necessarily a disqualifying factor. Asthma, surgical removal of lung tissue, chronic bronchitis or any other serious chest condition must be seen by a Medical Referee.	A chest X-ray is not required on entry or at repeat medical examination <b>unless</b> there is a history of significant cardiovascular disease, respiratory disease or occupational exposure (since the last medical in the case of a repeat medical) or if the physical examination reveals an abnormality in the cardiovascular or respiratory systems. Doctors must see film or report before signing certificate.
<b>Cardiovascular System</b>	Ischaemic heart disease (Coronary heart disease), significant valve disease. Other heart disease, systolic pressure over 160 mm Hg, diastolic pressure over 100 mm Hg in established divers and 90 mm Hg in new entrants, or other evidence of hypertensive damage.	Minor asymptomatic heart disease other than ischaemic (subject to more frequent medical checks). Subjects with well-controlled hypertension without evidence of damage may be permitted to dive. Intracardiac shunts ("Holes in the heart") must be seen by a Medical Referee.	Subjects with a pacemaker must be seen by a Medical Referee.
<b>Haematology</b>	Haemophilia if factor VIII is below 20%, sickle cell disease, thalassaemias and polycythaemia are not allowed to dive except as noted under Allowable Factors.	Mild anaemia but advise investigation. Tumours and leukaemia may be allowable but must be seen by Medical Referee. Sickle cell trait. Von Willebrand's disease must see Medical Referee Polycythaemia if haematocrit normal with treatment.	Sickle cell test only where clinically indicated. Haemophiliacs may be permitted to dive provided factor VIII is more than 20% but only after being seen by Medical Referee. Subjects with sickle cell trait should exercise caution when using rebreathers owing to the risks associated with mild degrees of hypoxia.
<b>Abdomen and Urogenital System</b>	Significant proteinuria (albumin in the urine), until the cause has been established.	Healed peptic ulcer. Abdominal hernias (but repair is advised).	
<b>Nervous System and Vision</b>	History of confirmed epilepsy including post-traumatic fits must be seen by Medical Referee. Any serious head injury in past three months. Currently symptomatic psychiatric or personality disorders. Any disease of CNS (MS, Polio, Petit Mal, etc.) to be seen by Medical Referee.	Febrile convulsions but no other type of fit allowable. Multiple Sclerosis – only stable patients free from recent attacks acceptable.	A single isolated fit or severe head injury to be seen by Medical Referee. Severe visual impairment to be reported to Referee. A long fit free period off anticonvulsants may be allowable.
<b>Endocrine</b>	Diabetes with any long-term diabetic complications or frequent hypoglycaemic attacks.	Referral to Medical Referee is required for diabetic subjects and for all other endocrine disorders.	An annual medical is mandatory for diabetics.
<b>Drugs</b>	The use of the following disqualifies: oral sympathomimetics (other than proprietary nasal decongestants), oral steroids, muscle relaxants, digoxin, psychotropic drugs - see comments in Other Points column. Alcohol, drug or narcotic abuse to disqualify.	Antihistamines, anti-seasickness preparations, and analgesics should only be used with caution. Oral contraceptives and diuretics are allowable.	If any psychotropic drug (including tranquilisers, sedatives and hypnotics) has been used, the candidate should not dive for at least 3 months after complete cessation of therapy without the consent of a Medical Referee.
<b>Decompression illness since last Medical</b>	Must be seen by a Medical Referee		
<b>Disabilities</b>	Anyone with a significant disability must be assessed by a Medical Referee. Suitable organisations to contact are "Dolphin" (Tel No 01752 209999) or the Headquarters of the Diving Associations who have jointly published this form.		