



STANDARD RECORD FORMS FOR MEDICAL ASSESSMENT OF WORKING DIVER

Family name / First name: _____
Date of birth: _____
Street address: _____
Postal code / City / Country: _____
Telephone: _____
Occupation / type of diving: _____
Company (employer) / Diving training agency: _____

Photo

IN DEPTH ASSESSMENT: HISTORY (preliminary and periodical)

The history has to be taken by the examining doctor together with the diver in order to make sure that the candidate has understood the questions properly and to give the examining doctor a chance to study the behaviour and mental state of the candidate during the consultation. An adapted divers questionnaire for self-assessment may be handed to the diver before the interview. On completion the diver's signature should be witnessed.

1. Diving history / motivation for diving (previous diving experience, training level, type of diving, professional goals), previous diving related illness [check the logbook]
2. Sports activities, frequency of training, previous sports medical assessments. Any incapacity for work in the past 3 years (more than 3 weeks), any incapacity for military service
3. All hospitalisations, surgical interventions, accidents
4. Medical consultations, medical treatment since last in-depth assessment [ask for examining physician and date]
5. Weight, height, any changes during last year
6. Medications (previous or current)
7. Smoking, alcohol, drugs
8. Allergies, conjunctivitis, rhinitis, asthma, eczema
9. Ear problems, middle-ear inflammation, rupture of eardrum, hearing difficulties (even unilateral), audiograms
10. Dizziness, unconsciousness
11. Sinus problems
12. Dental problems, prostheses
13. Respiratory problems (dyspnoea, coughing, phlegm, pneumothorax, asthma)
14. Previous or current cardiovascular problems (heart-rhythm disturbances, blood pressure)
15. Diabetes mellitus, other metabolic or endocrinological diseases
16. Musculo-skeletal (back or joint pain, rheumatism, arthritis, injuries)
17. Vision (possibly with contact lenses), colour vision
18. Epileptic fits (seizure, absences, hyperventilation fits)
19. Psychiatric or psychological problems, i.e. anxiety, depression, panic disorders, claustrophobia; treatments)
20. Pregnancy
21. Family history

Remarks:



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IN DEPTH ASSESSMENT (CONTINUATION): EXAMINATION

These examinations represent a minimum. If in doubt or when history or signs might represent a contraindication, further evaluation is necessary (see list of contraindications).

1. Height, weight, body mass index (BMI)
2. Otoscopy with Valsalva-test (or Toynbee, eardrum mobility or scarring) simple hearing test (if in doubt ear microscopy and tympano- +/- Audiogram).
3. Examination of throat and teeth
4. Neurology /locomotion system: Nystagmus (spontaneous and after head movement), sharpened Romberg test, sensitivity and motor function, gait, grasping small objects, reflexes (patella and Achilles, etc.), cranial nerves
5. Lung and heart auscultation, blood pressure, heart rate (for any unusual sign and BP > 140/90, see contraindications pages)
6. If age 45 and more years: stress ECG (by cardiologist)
7. Lung function including FEV₁, FVC, flow-volume-curve (or peak-flow if curve not available). If not within 80% of normal values, see contraindications pages
8. Submaximal stress-test for aerobic capacity (give reference, examples see annex A). If VO₂ max. extrapolation from tables is below expected maximal workload, see contraindications pages
9. Laboratory: complete blood picture count, haematocrit, blood-sugar. Sickle cell disease to be excluded (only for subjects who could be affected). Urine: strip
10. Examination of abdomen (hernia, scars, resistance)
11. Psychological judgement (see introductory remarks and contraindications pages)
12. Additional examinations:
 - if assessment of lung structure is thought to be indicated perform chest x-ray and spiral CT scan of lungs (to exclude emphysema/bullae)
 - screening for long term effects (bone necrosis): only for divers who average 20 hours of diving per week and diving over 30m: MR imaging (or x-ray of hips AP, shoulders AP), blood-test for lipids.
 - any consultations of specialists or diving medicine experts:
 - audiogram if required for hearing conservation program.

Conclusions and comments (informed consent), remarks for the diver

Date/City:

Signature of examining physician:

Signature of candidate

Stamp, address of Doctor

No. of medical license