



SOUTHERN MEDICAL SERVICES PTY LTD t/a ERA HEALTH

MEDICAL FORM FOR PROSPECTIVE RECREATIONAL SCUBA DIVERS

CANDIDATE DETAILS: THIS SECTION TO BE COMPLETED BY CANDIDATE

All information provided in this form will be kept in strict confidence between you and the examiner. It will not be relayed to a third party without your consent.

Diving can usually be undertaken even if you have a chronic infection (e.g., hepatitis B & C, herpes or HIV), however you should inform the medical examiner so that you can be advised how to dive safely.*

It is advisable to inform your instructor of any advice you have been given.

Positive responses to questions do not necessarily disqualify you from diving.

1. Surname	Other Names	2. Date of Birth
3. Address		Phone (Home)
4. Sex	Male	Female
5. Principal Occupation		Phone (Work)
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? Tick YES or NO.

	YES	NO	Notes on history
14. Previous diving medical			
15. Prescription glasses			
16. Contact lenses			
17. Eye or visual problems			
18. Hayfever			
19. Sinusitis			
20. Any other nose or throat problem			
21. Dentures/plate, dental prostheses			
22. Recent dental procedures			
23. Deafness or ringing noises in the ear			
24. Discharging ears or any other ear problem.			

	YES	NO	Notes on history
25. Operation on ears			
26. Giddiness or loss of balance			
27. Severe motion sickness			
28. Seasickness medication			
29. Any problem when flying in aircraft			
30. Severe or frequent headaches			
31. Migraine			
32. Fainting or blackouts			
33. Convulsions, fits or epilepsy			
34. Unconsciousness			
35. Concussion or head injury			
36. Sleepwalking			
37. Severe depression			
38. Claustrophobia			
39. Mental illness			
40. Heart disease			
41. Abnormal blood test			
42. ECG (heart racing)			
43. Awareness of your heartbeat			
44. High blood pressure			
45. Rheumatic fever			
46. Discomfort in your chest with exertion			
47. Shortness of breath on exertion			
48. Bronchitis or pneumonia			
49. Pleurisy or severe chest pain			
50. Coughing up blood or phlegm			
51. Chronic or persistent cough			
52. TB			
53. Pneumothorax ('collapsed lung')			
54. Frequent chest colds			
55. Asthma or wheezing			
56. Use a puffer			
57. Other chest complaint			
58. Operation on chest, lungs or heart			
59. Indigestion, peptic ulcer or acid reflux			
60. Vomiting blood or passing red/black bowel motions			
61. Recurrent vomiting or diarrhoea			

	YES	NO	Notes on history
62. Jaundice, hepatitis or liver disease			
63. Malaria or other tropical disease			
64. Severe loss of weight			
65. Hernia or rupture			
66. Major joint or back injury			
67. Limitation of movement			
68. Fractures (broken bones)			
69. Paralysis or muscle weakness			
70. Kidney or bladder disease (cystitis)			
71. Any chronic infection* (see notes at top of form)			
72. Sexually transmitted disease			
73. Diabetes			
74. Blood disease or bleeding problem			
75. Skin disease			
76. Contagious disease			
77. Operations			
78. In hospital for any reason			
79. Life insurance rejected			
80. A job or a licence refused on medical grounds			
81. Unable to work for medical reasons			
82. An invalid pension			
83. Any other illness or injury or any other medical condition			
Have any blood relations had:			
84. Heart disease			
85. Asthma or chest disease			
Females only:			
86. Are you possible pregnant or planning to be?			
87. Do you have any incapacity during periods?			

88. Date of last chest x-ray

Previous diving experience

	YES	NO	Notes on history
89. Can you swim?			
90. Have you ever had any problem during or after swimming or diving?			
91. Have you ever had to be rescued?			
92. Do you snorkel dive regularly?			
93. Have you tried SCUBA diving before?			
94. Have you had previous formal SCUBA training?			
95. Year _____			
96. Approximate number of dives _____			
97. Maximum depth of any dive _____			
98. 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 Gall to give medical opinion as to my medical fitness to dive to my diving instructor. I also authorize him or her to obtain or supply medical information regarding me from or to other doctors as may be necessary for medical purposes in my personal interest.

Candidate's name _____

Signed _____

Date _____

MEDICAL EXAMINATION: TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

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 FVC FEV1 Ratio %		8. Chest x-ray (if indicated) Date Place Result					
9. Audiometry (air conduction)									
	Frequency, Hz	500	1000	1500	2000	3000	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									
18. Cardiac auscultation									
19. Other abnormalities									

*Results should be descriptively detailed at right to assist future comparison

Medical fitness to dive

Candidate's name _____

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

..... Based upon my assessment, the candidate is not medically fit to dive with compressed gases (SCUBA and SSBA).

Advice:

Doctor's name (Print) Dr _____

Signed _____ Date _____

Medical benefits refund and/or medical rebate is not permissible, by law, for this examination. Issue of any item number which allows the candidate to claim such benefit will result in the physician being guilty of Medifraud.