



UNIVERSITY OF WASHINGTON
MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING
 ENVIRONMENTAL HEALTH & SAFETY

To be completed by physician: Send completed form and copies of original test results to UW Employee Health Center (EHC) via email at emphlth@uw.edu or fax at 206-221-5110. The UW EHC phone number is 206-685-1026.

Name of Diving Applicant	Date (MM/DD/YYYY)
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DIVING MEDICAL EXAM OVERVIEW

This person is an applicant for training or is presently certified to engage in diving with self-contained underwater breathing apparatus (SCUBA). This is an activity that puts unusual stress on the individual in several ways. Scuba diving requires heavy exertion. The diver must be free of significant cardiovascular and respiratory disease. An absolute requirement is the ability of the lungs, middle ear, and sinuses to equalize pressure. Any condition that risks the loss of consciousness must disqualify the applicant. The answers given on the University of Washington's (UW) Diving Medical History Form (attached) may indicate potential health or safety risks as noted. Your evaluation is requested on this form.

If you have questions about diving medicine, you may consult the Board Certified Diving and Hyperbaric Medicine Physician and the University of Washington Diving Medical Officer (DMO), Dr. Betsy McKendry at elizamck@uw.edu.

CONDITIONS WHICH MAY DISQUALIFY CANDIDATES FROM DIVING

SCUBA and other modes of compressed-gas diving can be strenuous and hazardous. A special risk is present if the middle ear, sinuses, or lung segments do not readily equalize air pressure changes. The most common cause of distress is eustachian insufficiency. Most fatalities involve deficiencies in prudence, judgment, emotional stability, or physical fitness. *Please consult the following list of conditions that usually restrict candidates from diving. The conditions are adapted from Bove, Medical Examination of Sport Scuba Divers, 1998 (bracketed numbers are page numbers in Bove).*

- Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to auto inflate the middle ears [5, 7, 8, 9]
- Vertigo including Meniere's Disease [13]
- Stapedectomy or middle ear reconstructive surgery [11]
- Recent ocular surgery [15, 18 19]
- Psychiatric disorders including (but not limited to) claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression [20 - 23]
- Substance abuse, including alcohol [24 - 25]
- Episodic loss of consciousness [1, 26, 27]
- History of seizure [27, 28]
- History of stroke or a fixed neurological deficit [29, 30]
- Recurring neurological disorders, including transient ischemic attacks [29, 30]
- History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage [31]
- History of neurological decompression illness with residual deficit [29, 30]
- Head injury with sequelae [26, 27]
- Hematologic disorders including coagulopathies [41, 42]

- Evidence of coronary artery disease or high risk for coronary artery disease¹ [33 - 35]
- Atrial septal defects [39]
- Significant cardiac rhythm or conduction abnormalities [36 - 37]
- Implanted cardiac pacemakers and cardiac defibrillators (ICD) [39, 40]
- Inadequate exercise tolerance [34]
- Severe hypertension [35]
- History of spontaneous pneumothorax [45]
- Asthma [42 - 44]
- Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae, or cysts [45, 46]
- Diabetes mellitus [46 – 47]
- Pregnancy [56]

¹ "Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations." Grundy et al. 1999. AHA/ACC Scientific Statement. <http://circ.ahajournals.org/content/100/13/1481.full>

SELECTED REFERENCES FOR DIVING MEDICINE

Most of these references are available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100, the Divers Alert Network (DAN) or the Undersea and Hyperbaric Medical Association (UHMS), Bethesda, MD.

- ACC/AHA Guidelines for Exercise Testing. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Exercise Testing). Gibbons RJ, et al. 1977. Journal of the American College of Cardiology. 30:260-311. <http://circ.ahajournals.org/content/96/1/345.long>
- Alert Diver Magazine; Articles on diving medicine. <http://www.diversalertnetwork.org/medical/articles/index.asp>
- "Are Asthmatics Fit to Dive?" Elliot DH, ed. 1996 Undersea and Hyperbaric Medical Society, Kensington, MD.
- "Assessment of Cardiovascular risk by Use of Multiple-Risk-Factor Assessment Equations." Grundy et al. 1999. AHA/ACC Scientific Statement. <http://circ.ahajournals.org/content/100/13/1481.full>
- DIVING MEDICINE, Third Edition, 1997. Bove A, Davis J. W.B. Saunders Company, Philadelphia.
- DIVING AND SUBAQUATIC MEDICINE, Third Edition, 1994. Edmonds C, Lowery C, Pennefather J. Butterworth-Heinemann Ltd. Oxford.
- MEDICAL EXAMINATION OF SPORT SCUBA DIVERS, 1998. Alfred Bove, M.D., Ph.D. (ed). Medical Seminars, Inc. San Antonio, TX.
- NOAA DIVING MANUAL, NOAA. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.
- U.S. NAVY DIVING MANUAL. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.

Select and verify the following tests were completed. Attach original results for all tests.

TESTS

<input type="checkbox"/> Under Age 40	<input type="checkbox"/> First Exam	<input type="checkbox"/> Re-Examination <i>Required every 5 years</i>
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- Medical History
- Complete Physical Exam, emphasis on neurological and otological components
- Urinalysis
- COVID Questionnaire
- Any further tests deemed necessary by the physician (specify) _____

I verify that the above tests were completed and reviewed (initial). [_____] Date: _____

<input type="checkbox"/> Age 40 & Up	<input type="checkbox"/> First Exam	<input type="checkbox"/> Re-Examination <i>Age 40-60 required every 3 years</i> <i>Over age 60 required every 2 years</i>
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- Medical History
- Complete Physical Exam, emphasis on neurological and otological components
- Detailed assessment of coronary artery disease risk factors using Multiple-Risk-Factor Assessment^{1,2} (age, family history, lipid profile, blood pressure, diabetic screening, smoking history). Further cardiac screening may be indicated based on risk factor assessment.
- Resting EKG
- Chest X-Ray (initial exam only)
- Urinalysis
- COVID Questionnaire
- Any further tests deemed necessary by the physician (specify) _____

I verify that the above tests were completed and reviewed (initial). [_____] Date: _____

RESULTS OF THE ASSESSMENT

- Approved**
I find no medical condition(s) that I consider incompatible with diving.
- Restricted Activity Approval**
The applicant may dive in certain circumstances as described in REMARKS.
- Further Testing Required**
I have encountered a potential contraindication to diving. Additional medical tests must be performed before a final assessment can be made. See REMARKS.
- Not Approved**
This applicant has medical condition(s), which in my opinion, clearly would constitute unacceptable hazards to health and safety in diving.



REMARKS:

CLEARANCE EXPIRATION DATE:

PHYSICIAN'S STATEMENT

I have evaluated this Diving Applicant according to the American Academy of Underwater Sciences Medical Standards for Scientific Diving (Section 6.00) and I find no conditions that may be disqualifying. I have discussed with the Applicant any medical condition(s) which may seriously compromise subsequent health. The Diving Applicant understands the nature of the hazards and the risks involved in diving with these conditions

Healthcare Provider's Signature: _____ Date: _____

PRINT Healthcare Provider's Name: _____

Physician's Signature: _____ M.D.,D.O Date: _____

PRINT Physician's Name: _____

Physician's Address: _____

Physician's Phone: _____

My familiarity with the Diving Applicant is the following:

- Limited to this exam only
- Applicant's Regular Physician for _____ years
- Other (specify) _____

My familiarity with diving medicine is the following:

RELEASE BY APPLICANT

I authorize the release of this information and my medical information subsequently acquired in association with my diving to the UW Diving Safety Officer (or designee) and the UW Diving Control Board.

Diving Applicant's Signature: _____ Date: _____

PRINT Diving Applicant's Name: _____