

# DIVING MEDICAL EXAMINATION FOR SPORT DIVERS

Surname			What is your present diving qualification? (If in training indicate previous level)						
First Names			Beginner	OW 1	OW 2	Advanced	DM	Instructor	Other
Date of Birth	Age (in years)	Occupation	If other please specify: _____						
			Dive School: _____						
			Training organisation	NAUI	PADI	SAUU	SSI	PDIC	
Address				ID Number:		Telephone No			
						Postal Code			

## MEDICAL HISTORY

Have you ever had any of the following. If yes, please indicate the date and results:

1) Diving or insurance medical examination	Date: _____	Normal	Abnormal
2) Electrocardiogram (ECG)	Date: _____	Normal	Abnormal
3) Electro-encephalogram (EEG)	Date: _____	Normal	Abnormal
4) Chest X-ray	Date: _____	Normal	Abnormal

Why have you decided to do SCUBA diving?

Do you smoke?    No     Yes     (If so, how much per week) \_\_\_\_\_

<i>Do you have or have you ever had</i>	Yes	No	<i>Do you have or have you ever had</i>	Yes	No
Frequent colds, sore throat, hayfever or sinus trouble			Severe or frequent headaches (eg. migraine or tension headaches)		
Trouble breathing through nose (other than during colds)			Head injury causing unconsciousness or memory loss		
Ear problems, infections, grommets, operations, burst eardrum			Dizzy spells, fainting spells, fits, or epilepsy		
Hardness of hearing			Trouble sleeping, frequent nightmares, or sleepwalking		
Asthma or bronchitis			Nervous breakdown or periods of depression		
Shortness of breath after mild exercise			A phobia for closed-in spaces, large open places or high places		
History of chest pain, pleurisy or angina			Any neurological or psychological condition		
Collapsed lung (pneumothorax)			Are you an anxious person or do you think you are susceptible to panic		
Persistent cough (eg. more than three months per year)			Alcoholism or any drug or narcotic habit		
Wheezing after exercise (especially in cold weather)			Jaundice or hepatitis		
Spells of fast, irregular or pounding heartbeat			Train, sea, or air-sickness or nausea		
High or low blood pressure			Tuberculosis		
Any kind of "heart trouble" (eg. heart attack, rheumatic fever, etc)			Diabetes (sugar sickness)		
Frequent upset stomach, heartburn or indigestion or peptic ulcer			Recent gain or loss of weight or appetite		
Frequent diarrhoea or blood in stool			Any operations (excluding removal of tonsils and wisdom teeth)		
Anaemia or (females) heavy menstruation			Any serious accident, illness or injury not mentioned above		
Bellyache or backache lasting more than a day or two			Dental bridgework, plates or untreated cavities		
Kidney or bladder disease (blood, sugar or protein in urine)			Pain or discomfort with changes in altitude or flying		
Broken bone, serious sprain or strain, dislocated joint			Do you regularly engage in sport or exercise?		
Rheumatism, arthritis, or other joint trouble			Any medical problem not listed already		

*I, the undersigned have been made fully aware of the importance of an accurate and complete medical history and have not, to the best of my knowledge, withheld any medical information. I realise that any undisclosed medical information may jeopardise my own diving safety.*

*I have also been informed of the importance of having a CHEST X-RAY taken for my diving medical and have decided / decided not (please indicate your choice) to have this done.*

Signature of Diver \_\_\_\_\_ Date \_\_\_\_\_

REMARKS