PHYSICAL EXAMINATION

Mass	Height	Pulse rate	Blood Pressure	Lying	Sitting
kg	cm	/min	/ mm Hg		

URINALYSIS (Readings only required if abnormal)

		Appearance	pH	Protein	Sugar	Blood
NORMAL						
ABNORMAL						

Mark each item in the appropriate column	NAD	ABN	Mark each item in the appropriate column	NAD	ABN
Head, face and neck			Lungs and Chest		
Mouth, throat, nose and sinuses			Heart		
Ears and eardrums (including Valsalva)			Vascular system and lymphatics		
Romberg			Urological or gynecological problems (examination performed if indicated)		
Hearing (all freq. < 25 dB - if not complete full audiogram)			Neurological system		
Eye examination and fundoscope			Spine and musculoskeletal		
VA Distance : Right Eye 6/			Skin		
VA Distance: Left Eye 6/			Phobias and psychological assessment		
Colour vision			Any problems with diving or dive training foreseen?	YES	NO

SUMMARY OF ABNORMAL FINDINGS

LUNG FUNCTION TEST RESULTS

TEST	RESULT	%
FVC		
FEV1		
FEV1%		
PEFR		
F25		

AUDIOLOGICAL EXAMINATION (Only required if > 25 dB)

Ear	250	500	1000	2000	3000	4000	6000
Right							
Left							

SPECIAL EXAMINATIONS

	Performed					
Stress ECG		Y	N		NAD	ABN
Chest X-Ray report		Y	N		NAD	ABN

Are any other tests indicated?	YES	NO	If YES, please specify

SUMMARY OF FINDINGS OF SPECIAL TESTS

☐ Significant medical history / findings ☐ Abnormal, but insignificant medical history / findings ☐ No abnormal medical findings

FINAL IMPRESSION

APPROVAL		I find no defects that I consider incompatible with diving.
CONDITIONAL APPROVAL		I do not consider diving to be in this person's best interests but find no defects that present marked risk. I have discussed my
DISAPPROVAL		This applicant has defects that, in my opinion, constitute unacceptable hazards to his/her health and safety in diving.

RESTRICTIONS, PRECAUTIONS, RECOMMENDATIONS

Signature of Diving Medical Examiner

Date

I, the undersigned, hereby acknowledge both the presence and significance of positive medical findings made during this dive medical examination as well as the reasons for the abovementioned recommendations / restrictions made to control or prevent any undue risks associated with them.

Signature of Diver

Date