



SAN DIEGO STATE
UNIVERSITY



APPENDIX 1 DIVING MEDICAL EXAM OVERVIEW FOR THE EXAMINING PHYSICIAN

TO THE EXAMINING PHYSICIAN:

This diver requires a medical examination to assess their fitness for certification as a Scientific Diver for SDSU's Scientific Diving Program per AAUS Standards. **Please send your report (Appendix 2 and 3) with the diver in question. Retain Appendix 1 and 4 for your records.**

Their answers on the Diving Medical History Form (Appendix 3) may indicate potential health or safety risks as noted. Your evaluation is requested on the attached scuba Diving Fitness Medical Evaluation Report (Appendix 2). If you have questions about diving medicine or SDSU/AAUS standards, you may wish to consult one of the references on this Appendix, contact one of the physicians with expertise in diving medicine whose names and phone numbers appear on Appendix 4 or contact the Diving Safety Officer below. Thank you in advance for your time and assistance.

Mike Anghera

Diving Safety Officer, SDSU
(805) 698-1004 (cell)
manghera@mail.sdsu.edu

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 which usually restrict candidates from diving. (Adapted from Bove, 1998: bracketed numbers are pages in Bove)

CONDITIONS WHICH MAY DISQUALIFY CANDIDATES FROM DIVING

1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to autoinflate the middle ears. [5,7,8,9]
2. Vertigo including Meniere's Disease. [13]
3. Stapedectomy or middle ear reconstructive surgery. [11]
4. Recent ocular surgery. [15,18,19]
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression. [20 - 23]
6. Substance abuse, including alcohol. [24-25]
7. Episodic loss of consciousness. [1, 26,27]
8. History of seizure. [27, 28]
9. History of stroke or a fixed neurological deficit. [29,30]
10. Recurring neurologic disorders, including transient ischemic attacks. [29,30]
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage. [31]
12. History of neurological decompression illness with residual deficit. [29,30]
13. Head injury with sequelae. [26, 27]
14. Hematologic disorders including coagulopathies. [41, 42]
15. Evidence of coronary artery disease or high risk for coronary artery disease¹. [33 - 35]
16. Atrial septal defects. [39]
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying. [38]
18. Significant cardiac rhythm or conduction abnormalities. [36 - 37]
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD). [39, 40]
20. Inadequate exercise tolerance. [34]



21. Severe hypertension. [35]
22. History of spontaneous or traumatic pneumothorax. [45]
23. Asthma². [42 - 44]
24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae or cysts.[45,46]
25. Diabetes mellitus. [46 - 47]
26. Pregnancy. [56]

¹ "Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations." Grundy et. al. 1999. AHA/ACC Scientific Statement. <http://www.acc.org/clinical/consensus/risk/risk1999.pdf>

² "Are Asthmatics Fit to Dive?" Elliott DH, ed. 1996 Undersea and Hyperbaric Medical Society, Kensington, MD.

SELECTED REFERENCES IN DIVING MEDICINE

Most of these 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. 1997. Journal of the American College of Cardiology. 30:260-311.<http://www.acc.org/clinical/guidelines/exercise/exercise.pdf>
- Alert Diver Magazine; Articles on diving medicine
<http://www.diversalertnetwork.org/medical/articles/index.asp>
- "Are Asthmatics Fit to Dive?" Elliott 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://www.acc.org/clinical/consensus/risk/risk1999.pdf>
- DIVING MEDICINE, Third Edition, 1997. A. Bove and J. Davis. W.B. Saunders Company, Philadelphia
- DIVING AND SUBAQUATIC MEDICINE, Third Edition, 1994. C. Edmonds, C. Lowery and J. Pennefather. 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.



APPENDIX 2
MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

TO THE EXAMINING PHYSICIAN:

Name of Applicant (Print or Type) DOB: ___/___/___ Date ___/___/___
(Mo/Day/Year) (Mo/Day/Year)

Scientific divers require periodic scuba diving medical examinations to assess their fitness to engage in diving with self-contained underwater breathing apparatus (scuba). Their answers on the Diving Medical History Form may indicate potential health or safety risks as noted. Scuba diving is an activity that puts unusual stress on the individual in several ways. Your evaluation is requested on this Medical Evaluation form. Your opinion on the applicant's medical fitness is requested. Scuba diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease (see references, following page). An absolute requirement is the ability of the lungs, middle ears and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant. Please proceed in accordance with the AAUS Medical Standards (Sec. 6.00). If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

TESTS: Please initial that the following tests were completed. ALL tests listed below are required in order to determine the applicant's eligibility for certification.

DURING ALL INITIAL AND PERIODIC RE-EXAMS (UNDER AGE 40):

- Medical history
Complete physical exam, with emphasis on neurological and otological components
Urinalysis
Any further tests deemed necessary by the physician

ADDITIONAL TESTS DURING FIRST EXAM OVER AGE 40 AND PERIODIC RE-EXAMS (OVER AGE 40):

- Chest x-ray (Required only during first exam over age 40)
Resting EKG
Assessment of coronary artery disease using Multiple-Risk-Factor Assessment1 (age, lipid profile, blood pressure, diabetic screening, smoking)
Note: Exercise stress testing may be indicated based on Multiple-Risk-Factor Assessment

PHYSICIAN'S STATEMENT:

01 Diver IS medically qualified to dive for: ___ 2 years (over age 60)
___ 3 years (age 40-59)
___ 5 years (under age 40)

02 Diver IS NOT medically qualified to dive: ___ Permanently ___ Temporarily.

I have evaluated the abovementioned individual according to the American Academy of Underwater Sciences medical standards and required tests for scientific diving (Sec. 6.00 and Appendix 1) and, in my opinion, find no medical conditions that may be disqualifying for participation in scuba diving. I have discussed with the patient any medical condition(s) that would not disqualify him/her from diving but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these conditions.

MD or DO Date
Signature

Name (Print or Type)

Telephone Number E-Mail Address



SAN DIEGO STATE
UNIVERSITY



REMARKS:

APPLICANT’S RELEASE OF MEDICAL INFORMATION FORM

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the SDSU’s Diving Safety Officer and SDSU’s Diving Control Board or their designee on (date) _____

Signature of Applicant _____

REFERENCES

¹ Grundy, S.M., Pasternak, R., Greenland, P., Smith, S., and Fuster, V. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement. *Journal of the American College of Cardiology*, 34: 1348-1359. <http://content.onlinejacc.org/cgi/content/short/34/4/1348>



SAN DIEGO STATE
UNIVERSITY



APPENDIX 3
DIVING MEDICAL HISTORY FORM
(To Be Completed By Applicant-Diver)

Name _____ Sex ____ Age ____ Wt. ____ Ht. ____
Sponsor: **SDSU** Date ____/____/____

TO THE APPLICANT:

Scuba diving makes considerable demands on you, both physically and mentally. Diving with certain medical conditions may be asking for trouble not only for yourself, but also to anyone coming to your aid if you get into difficulty in the water. Therefore, it is prudent to meet certain medical and physical requirements before beginning a diving or training program.

Your answers to the questions are as important, in determining your fitness as your physical examination. Obviously, you should give accurate information or the medical screening procedure becomes useless.

This form shall be kept confidential. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own physician and he/she must then indicate, in writing, that you have done so and that no health hazard exists.

Should your answers indicate a condition, which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, his/her written authorization will be required in order for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that he/she is concerned only with your well-being and safety. Please respect the advice and the intent of this medical history form.

	Yes	No	Please indicate whether or not the following apply to you	Comments
1			Convulsions, seizures, or epilepsy	
2			Fainting spells or dizziness	
3			Been addicted to drugs	
4			Diabetes	
5			Motion sickness or sea/air sickness	
6			Claustrophobia	
7			Mental disorder or nervous breakdown	



SAN DIEGO STATE
UNIVERSITY



	Yes	No	Please indicate whether or not the following apply to you	Comments
8			Are you pregnant?	
9			Do you suffer from menstrual problems?	
10			Anxiety spells or hyperventilation	
11			Frequent sour stomachs, nervous stomachs or vomiting spells	
12			Had a major operation	
13			Presently being treated by a physician	
14			Taking any medication regularly (even non-prescription)	
15			Been rejected or restricted from sports	
16			Headaches (frequent and severe)	
17			Wear dental plates	
18			Wear glasses or contact lenses	
19			Bleeding disorders	
20			Alcoholism	
21			Any problems related to diving	
22			Nervous tension or emotional problems	
23			Take tranquilizers	
24			Perforated ear drums	
25			Hay fever	
26			Frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose	
27			Frequent earaches	
28			Drainage from the ears	
29			Difficulty with your ears in airplanes or on mountains	
30			Ear surgery	
31			ringing in your ears	
32			Frequent dizzy spells	
33			Hearing problems	
34			Trouble equalizing pressure in your ears	
35			Asthma	
36			Wheezing attacks	
37			Cough (chronic or recurrent)	



	Yes	No	Please indicate whether or not the following apply to you	Comments
38			Frequently raise sputum	
39			Pleurisy	
40			Collapsed lung (pneumothorax)	
41			Lung cysts	
42			Pneumonia	
43			Tuberculosis	
44			Shortness of breath	
45			Lung problem or abnormality	
46			Spit blood	
47			Breathing difficulty after eating particular foods, after exposure to particular pollens or animals	
48			Are you subject to bronchitis	
49			Subcutaneous emphysema (air under the skin)	
50			Air embolism after diving	
51			Decompression sickness	
52			Rheumatic fever	
53			Scarlet fever	
54			Heart murmur	
55			Large heart	
56			High blood pressure	
57			Angina (heart pains or pressure in the chest)	
58			Heart attack	
59			Low blood pressure	
60			Recurrent or persistent swelling of the legs	
61			Pounding, rapid heartbeat or palpitations	
62			Easily fatigued or short of breath	
63			Abnormal EKG	
64			Joint problems, dislocations or arthritis	
65			Back trouble or back injuries	
66			Ruptured or slipped disk	
67			Limiting physical handicaps	



SAN DIEGO STATE
UNIVERSITY



	Yes	No	Please indicate whether or not the following apply to you	Comments
68			Muscle cramps	
69			Varicose veins	
70			Amputations	
71			Head injury causing unconsciousness	
72			Paralysis	
73			Have you ever had an adverse reaction to medication?	
74			Do you smoke?	
75			Have you ever had any other medical problems not listed? If so, please list or describe below;	
76			Is there a family history of high cholesterol?	
77			Is there a family history of heart disease or stroke?	
78			Is there a family history of diabetes?	
79			Is there a family history of asthma?	
80			Date of last tetanus shot? Vaccination dates?	

Please explain any "yes" answers to the above questions.

I certify that the above answers and information represent an accurate and complete description of my medical history.

Signature

Date



SAN DIEGO STATE
UNIVERSITY



APPENDIX 4 RECOMMENDED PHYSICIANS WITH EXPERTISE IN DIVING MEDICINE

Greg Litchstenstein, M.D.

SDSU Student Health Services
5555 Campanile Dr.
San Diego, CA. 92182-4701
Office Tel: 619-594-4325
shs.sdsu.edu

Robert D. Power, M.D.

Occupational Health Services
Rees-Stealy Medical Centers
2001 Fourth Avenue
San Diego, CA. 92101
Hospital Tel: 619-446-1524

Karen VanHousen, M.D.

Tom Neuman, M.D.
UCSD Medical Center
Tel: 619-471-9210
Alternate Tel: 619-543-5222

UCSD Hillcrest Medical Center

200 Arbor Drive
San Diego, CA. 92103
Hospital Tel: 619-543-6222 (Emergency)
Chamber Tel: 619-543-5222 (Non-emergency)

DAN specializes in diving medicine and can help answer questions.

Divers Alert Network (DAN)

The Peter Bennett Center

6 W. Colony Place

Durham, NC 27705

Non-Emergency Medical Questions

1-800-446-2671 or 1-919-684-2948, Mon-Fri, 9am-8pm (EST)

Diving Emergencies (Remember: Call local EMS first, then DAN!)

1-919-684-9111

diversalertnetwork.org