



Scientific Diving Information

The Bermuda Institute of Ocean Sciences is an Organizational Member of the **American Academy of Underwater Sciences** (AAUS) and adheres to AAUS standards for the conduct of scientific diving operations and diver training. Divers already accredited and in current status through another AAUS institution may be eligible for reciprocity.

All proposed diving activities under the auspices of BIOS require prior approval from the BIOS Diving Safety Officer.

Visiting scientific divers need to submit:

- AAUS letter of reciprocity or all of the following:
 - Medical form – 6 pages (full approval, completed and signed)
 - Photocopy of certification card – front and back
 - Photocopies of logged dives – need to have done 12 dives in the last 12 months (if not will have to make own arrangements to do some additional diving before being cleared for science diving)
 - Verification that SCUBA gear has been serviced in the last 12 months
 - Photocopy of current CPR/First Aid training
 - Photocopy of current O₂ Provider training
- Diver Registration form
- Release and Assumption of Risk Form
- SCUBA Waiver
- Boat and SCUBA Regulations Form

Please submit all paperwork prior to your arrival at BIOS. There will be a check-out dive for all divers before field trips commence. Dive lockers are available to store your equipment.

For further information please contact:

Kyla Smith

Diving Safety Officer

Tel: (441) 297-1880 Ext. 259

E-mail: kyla.smith@bios.edu



Diver Registration

Personal Information:

Name: _____

Position (Scientist, Intern, Student, etc.): _____

Mailing Address: _____

Permanent Address: _____

Phone (day): _____ Phone (night): _____ Fax: _____

Birth Date: _____ Age: _____ Sex: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Recreational Diving Certifications:

Agency	Certification Level	Date	Location	Instructor and Number
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Scientific Diving Certifications:

University, State, Federal or Private Organization: _____

Date Certified From: _____ To: _____ Depth: _____ Diving Officer: _____

Related Certifications:

	Agency	Level	Date(Initial)	Date(Current)
CPR	_____	_____	_____	_____
First Aid	_____	_____	_____	_____
Oxygen Training	_____	_____	_____	_____
Lifesaving	_____	_____	_____	_____



Diving Experience:

Total number of SCUBA Dives: _____ Total Hours Underwater: _____ Maximum Depth: _____

Maximum Depth (in last 12 months): _____ Number of Dives (last 12 months): _____

Cumulative total of dives per depth:

0-30' _____ 31-60' _____ 61-100' _____ 101-130' _____ 131-150' _____ 151-190' _____

Mark an "X" in the areas in which you have had some diving experience and an "XX" indicating considerable experience:

- | | | | | |
|---------------------------------------|--------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Salt water | <input type="checkbox"/> Fresh water | <input type="checkbox"/> Low visibility | <input type="checkbox"/> Currents | <input type="checkbox"/> S & Recovery |
| <input type="checkbox"/> Kelp | <input type="checkbox"/> Shore | <input type="checkbox"/> Altitude | <input type="checkbox"/> Photo/Video | <input type="checkbox"/> Cold Water |
| <input type="checkbox"/> Dry suit | <input type="checkbox"/> Commercial | <input type="checkbox"/> Wreck | <input type="checkbox"/> Surface supplied | <input type="checkbox"/> Navigation |
| <input type="checkbox"/> Ice diving | <input type="checkbox"/> Saturation | <input type="checkbox"/> Mixed gas | <input type="checkbox"/> Cave diving | <input type="checkbox"/> Boat |
| <input type="checkbox"/> Night diving | <input type="checkbox"/> Blue water | <input type="checkbox"/> Dive computer | <input type="checkbox"/> Decompression | |

Additional Experience: (eg. Chamber operator, Diving Medical Technician):

****Please include a photocopy of your current dive certification, 1st aid/CPR/O₂ certifications (if any) and log of last twelve dives****

Diving Equipment:

Item	Brand	Serial No.	Date purchased	Last inspected
Regulator	_____	_____	_____	_____
Octopus	_____	_____	_____	_____
Pressure gauge	_____	_____	_____	_____
Depth gauge	_____	_____	_____	_____
Dive Computer	_____	_____	_____	_____
BCD	_____	_____	_____	_____

Emergency Information:

(Person to notify in case of emergency)

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Dive Safety Office Use Only. Do not write below this line.

	Date	Verified By	Comments
Physical Examination	_____	_____	_____
Scientific Diver Written Exam	_____	_____	_____
CPR Certification	_____	_____	_____
Oxygen Administration	_____	_____	_____
12 Logged Dives	_____	_____	_____
Swimming Skills	_____	_____	_____
Checkout Dive	_____	_____	_____
Qualification Dive Depth	_____	_____	_____

Qualification Dive Skills: Dive plan, buddy check, water entry, surface kick 400 yards, descend to/ascent from depth of certification at appropriate rate, regulator retrieval, mask clear, alternate air sharing, buddy breathing, emergency exhaling ascent, BC and weight belt removal/replacement at depth and at surface, surface buoyancy, neutral buoyancy at depth, navigation and 3-5 minute stop at 10-20 feet.

NOTE: All divers must comply with the appropriate diving standards for their type of diving as set down in the BIOS Diving Safety Manual.

Release and Assumption of Risk Form

TO: The Bermuda Institute of Ocean Sciences, its Board of Trustees, Officers, Employees, and Agents ("RELEASEES")

PRINT YOUR NAME: _____

I wish to participate in activities (for example, but not limited to: science, research, education, internship, training, recreation, volunteering, transportation, accommodation, dining and other activities; hereinafter referred to as the "Activities") in conjunction with the Bermuda Institute of Ocean Sciences; and I fully understand and appreciate that certain hazards and risks may occur, including but not limited to: exposure to hazards and risks of property damage, accident, suffering, disease-causing organisms, illness and death; SCUBA and Rebreather diving; snorkeling; transportation by air, land or sea; dock operations; laboratory operations; exposure to weather, humans, animals, plants, other life forms, natural and artificial structures, foods, drinks, irritants, allergens, toxins, minerals, chemicals, equipment, surfaces, furniture, fixtures, fittings, temperatures and radiation.

Being aware of the hazards and risks of such Activities, and in consideration of being permitted to participate in the Activities, on behalf of myself, my family, dependents, heirs, estate, personal representatives and assigns, I, the undersigned, agree to assume all the risks and responsibilities involved with and relating to my participation in the Activities, I understand that I am responsible for evaluating, understanding and mitigating the risks associated with engaging in the Activities.

I acknowledge and agree to comply with all applicable Bermuda Government and Center for Disease Control COVID-19 related guidelines. I understand that the Activities may be suspended, postponed, converted to remote participation or cancelled, without advance notice and at any time by BIOS for safety or legal compliance reasons.

I confirm that I am in good health, free of infectious disease, fit to participate in the Activities and have adequate personal medical/travel insurance for the Activities. I release, waive, forever discharge, and covenant not to sue or prosecute RELEASEES for any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature, whether caused by the negligence or carelessness of the RELEASEES, or otherwise, that may hereafter accrue to myself, my family, dependents, heirs, estate, personal representatives and assigns, arising out of or related to any loss, damage or injury, including, but not limited to suffering, death, disability and economic loss, that may be sustained by me or others during or in conjunction with the Activities.

It is my express intent that this Agreement shall bind myself, my family, dependents, heirs, estate, personal representatives and assigns, and shall be deemed as a release, waiver, discharge, and covenant not to sue RELEASEES. I further agree to save and hold harmless, indemnify, and defend RELEASEES from any claim by myself, my family, dependents, heirs, estate, personal representatives and heirs, arising out of my participation in any Activities.

I understand that the acceptance of this release and waiver of liability by the RELEASEES shall not constitute nor be construed as a waiver, in whole or in part, of any rights by said RELEASEES. I agree that, in the event that any part of this Agreement is determined to be unenforceable or ineffective, it shall not affect the continuation and enforceability of other parts of this Agreement as a whole

In signing this release, I acknowledge and represent that I have read and fully informed myself of the content of this Agreement and referenced material before I sign, and I understand that I sign this document as my own free act and deed. I understand that the RELEASEES do not require me to participate in any Activities, but I want to do so despite the possible hazards and risks and notwithstanding this release. I further state that I am at least 18 years of age and fully competent to sign this Agreement or, if I am under 18 years of age that I have received the permission of my parent or legal guardian, who will also sign this Agreement, and that I execute this release for full adequate and complete consideration fully intending to be bound hereby.

This Agreement is subject to Bermuda Law and the exclusive jurisdiction of the Courts of Bermuda.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN THAT YOU UNDERSTAND IT BEFORE SIGNING.

Name of Participant (please print)

Date of Birth

Signature of Participant (if over 18)

Date

Home Address

Phone Number

Name of Parent/Guardian (if under 18)

Signature of Parent/Guardian

In case of accident or illness notify:

Name, Relationship, Address

Phone Number

SCUBA Waiver

THIS AGREEMENT made the _____ day of _____, _____ BETWEEN (1) _____ of (2) _____ (hereinafter called "the User") and the BERMUDA INSTITUTE OF OCEAN SCIENCES, incorporated under the laws of the State of New York in the United States of America (hereinafter called "BIOS").

WHEREBY IT IS AGREED that in consideration of BIOS making available to the User the boats, diving gear and other equipment relating thereto, belonging thereto, or in the possession of BIOS, and in reliance upon the statement of the User that he/she is a qualified SCUBA diver with a valid diving certificate issued by (3) _____ numbered (4) _____ and with _____ years' experience, with _____ open water dives, the User hereby for himself, his heirs, his personal representatives and dependents, hereby releases, discharges and agrees to hold harmless BIOS, its successors and assigns and its trustees, directors, officers, employees, representatives and authorized agents (individually or collectively) from all actions, proceedings, claims and demands that the User, his heirs, personal representatives and dependents may have for injury (including injury resulting in death) however caused or sustained by the User and for the loss of or damage (however caused) to his personal belongings suffered while using the boats, diving gear or other equipment relating thereto belonging to or in the possession of BIOS, including, but not limited to, such injury, loss or damage resulting directly or indirectly from negligence or failure to take reasonable care to see that the User will be reasonably safe, of BIOS, its trustees, directors, officers, employees, representatives or authorized agents, from the malfunction of diving gear or other equipment, and from operation, use, loading, unloading or unseaworthiness of boats or other watercraft owned, maintained or operated by BIOS.

The User confirms that he/she has read and agrees to obey the diving regulations of BIOS (contained in the BIOS Standards for Scientific Diving Manual) and realizes that he/she is ultimately responsible for his/her own safety. It is clearly the diver's responsibility to refuse to dive if, in his/her judgment, conditions are unsafe.

IN WITNESS THEREOF the parties have signed this agreement the day and year first written above.

Bermuda Institute of Ocean Sciences
by:

User (PLEASE PRINT NAME)

(BIOS Representative sign)

_____/_____
User (signature) / (date)

(BIOS Rep. Print Name)

_____/_____
Witness for User (please print name /sign)

You are required to produce a diver certification card, a copy of which will be kept on file at BIOS and a diver log book verifying your dives.

If user is a minor, parent(s) or legal guardian(s) must also sign.

Parent(s) or Guardians(s) names (please print)

Parent(s) or Guardian(s) (signatures)

KEY:

(1) User's Name (printed)

(2) User's organization name (printed)

(3) Certifying organization name

(4) Certification Number

Boat and SCUBA Regulations

Users of Bermuda Institute of Ocean Sciences (BIOS) boats are hereby warned that they use these boats at their own risk and that by using the boats do agree to abide by the following regulations laid down for their safety and convenience by BIOS:

1. The Captain's word is final on all matters of safety and boat operation.

2. Nobody will go overboard (even while alongside the dock) without the permission of the Captain or Diving Supervisor.

3. Nothing is to be put in the water without the Captain's knowledge and approval.

4. Nobody is to interfere with switches, valves, dials, blocks, radios, echo sounders, Loran receivers, radars, or any other equipment unless expressly asked to do so by the Captain.

5. Strict attention is to be paid to the safety review given at the beginning of your first trip on a BIOS boat. It will inform you of the safety equipment on the vessel and how it is to be used in case of an emergency. If you do not understand how the equipment functions it is your responsibility to ask the Captain to clarify its use.

6. Smoking is strictly prohibited in the enclosed areas of the boats.

7. Alcoholic beverages are not allowed on any BIOS vessel at any time.

8. Under normal circumstances PASSENGERS are not permitted on foredecks or wheelhouse roofs while vessels are underway.

9. Passengers should avoid distracting the Captain while he/she is negotiating bridges, channels etc.

10. Divers and snorkelers are not allowed in the wheel house in wet equipment (wetsuits, etc.) without the express permission of the Captain. Salt water destroys boat interiors.

11. All passengers must, during docking procedures, stand back from the railing to allow the crew to work lines. All hands and feet must be kept inside the vessel at all times, and especially when vessel is approaching docks, bridges, other vessels, etc.

12. Sea sickness is best tolerated on deck in the fresh air. On no account should you use the head if you are sea sick. If you feel sick you should move to the side of the vessel towards the stern and down wind.

13. Do not disembark until the Captain or Dive Supervisor gives permission. Remove your equipment promptly from the vessel.

14. No diving is permitted at BIOS until the appropriate papers have been signed and filed with the Diving Safety Officer (DSO) and a check out dive has been completed by the DSO or his appointed assistant.

15. No diving is permitted from BIOS boats, at the BIOS dock areas, or with BIOS equipment without notification of the Diving Safety Officer.

16. All SCUBA diving, snorkeling and swimming shall be conducted using the buddy system.

17. Obey all rules and regulations regarding specimen or artifact collecting posted on the boats and available from the BIOS Library.

18. Secure all equipment safely to prevent injury.

19. The individual diver must realize that she/he is ultimately responsible for her/his own safety. It is clearly the diver's responsibility to refuse to dive if in her/his judgment, conditions are unsafe.

20. Do not enter the water unless you are sure of the time, depth and air supply constraints on your activity.

21. The following is a list of equipment that each diver must have:

a. Mask, fins, snorkel

b. Regulator with alternate air source
(Octopus)

c. Submersible pressure gauge

d. Depth gauge

e. Time keeping device

f. Whistle

g. Log book

h. Light(s) primary and cylume (night dives only)

BIOS only supplies tanks and weight belts. All other equipment should be obtained prior to coming to Bermuda. (There is no diving gear available for rent in Bermuda unless you dive with a local dive operator.)

22. Should it be necessary to recall divers, snorkelers, and/or swimmers to the boat, the boats are equipped with a recall device that will emit a loud tone into the water or vocal messages may also be used. Upon hearing this signal you should immediately return to the boat. This may result from an emergency or an impending emergency such as bad weather approaching.

I, _____ (PRINT NAME) HAVE READ AND UNDERSTAND THE ABOVE REGULATIONS GOVERNING THE USE OF, AND CONDUCT ON, BERMUDA INSTITUTE OF OCEAN SCIENCES VESSELS AND AGREE TO COMPLY WITH THESE REGULATIONS. I ALSO UNDERSTAND THAT FAILURE TO FOLLOW THESE REGULATIONS, FROM BEING ON BOARD A VESSEL TO CARELESSNESS DUE TO ACTIVITY OR EQUIPMENT HANDLING AT SEA, COULD RESULT IN PERSONAL INJURY TO ME OR A MEMBER OF MY GROUP.

_____ (Signature) _____ (Date)

****NOTES TO CHARTERERS:** To save misunderstanding, please make sure the trip log has been filled out and signed promptly after docking at BIOS.

Departing and Docking: You will be charged from the time you have signed up for the boat **NOT** when it leaves the dock unless the delayed departure is due to BIOS staff or equipment. Also, you may be charged a cancellation fee if you cancel less than the day before a proposed trip unless it is a weather call, which will be confirmed by the Dive Master or Captain.



Diving Medical Exam Overview For The Examining Physician

TO THE EXAMINING PHYSICIAN:

This person, _____, requires a medical examination to assess their fitness for certification as a Scientific Diver for the Bermuda Institute of Ocean Sciences. Their answers on the Diving Medical History Form (attached) may indicate potential health or safety risks as noted. Your evaluation is requested on the attached scuba Diving Fitness Medical Evaluation Report. If you have questions about diving medicine, you may wish to consult one of the references on the attached list or contact one of the physicians with expertise in diving medicine whose names and phone numbers appear on an attached list, the Undersea Hyperbaric and Medical Society, or the Divers Alert Network. Please contact the undersigned Diving Safety Officer if you have any questions or concerns about diving medicine or the Bermuda Institute of Ocean Sciences standards. Thank you for your assistance.

Diving Safety Officer (Kyla Smith)

Kyla Smith

Printed Name

Date

441-297-1880 ext 21 J

Phone Number

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. Recent deaths in the scientific diving community have been attributed to cardiovascular disease. Please consult the following list of conditions that 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 disease. [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. Asthma. [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]
-

SELECTED REFERENCES IN DIVING MEDICINE

Available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100, the Divers Alert Network (DAN) or the Undersea and Hyperbaric Medical Society (UHMS), Durham, NC

- Elliott, D.H. ed. 1996. *Are Asthmatics Fit to Dive?* Kensington, MD: Undersea and Hyperbaric Medical Society.
- Bove, A.A. 2011. The cardiovascular system and diving risk. *Undersea and Hyperbaric Medicine* 38(4): 261-269.
- Thompson, P.D. 2011. The cardiovascular risks of diving. *Undersea and Hyperbaric Medicine* 38(4): 271-277.
- Douglas, P.S. 2011. Cardiovascular screening in asymptomatic adults: Lessons for the diving world. *Undersea and Hyperbaric Medicine* 38(4): 279-287.
- Mitchell, S.J., and A.A. Bove. 2011. Medical screening of recreational divers for cardiovascular disease: Consensus discussion at the Divers Alert Network Fatality Workshop. *Undersea and Hyperbaric Medicine* 38(4): 289-296.
- 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>

- Bove, A.A. and Davis, J. 2003. DIVING MEDICINE, Fourth Edition. Philadelphia: W.B. Saunders Company.
- Edmonds, C., Lowry, C., Pennefather, J. and Walker, R. 2002. DIVING AND SUBAQUATIC MEDICINE, Fourth Edition. London: Hodder Arnold Publishers.
- Bove, A.A. ed. 1998. MEDICAL EXAMINATION OF SPORT SCUBA DIVERS, San Antonio, TX: Medical Seminars, Inc.
- NOAA DIVING MANUAL, NOAA. Superintendent of Documents. Washington, DC: U.S. Government Printing Office.
- U.S. NAVY DIVING MANUAL. Superintendent of Documents, Washington, DC: U.S. Government Printing Office, Washington, D.C.

AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

Name of Applicant (Print or Type)

Date of Medical Evaluation
(Month/Day/Year)

To The Examining Physician: 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. If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

TESTS: THE FOLLOWING TESTS ARE REQUIRED:

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 Assessment²

PHYSICIAN'S STATEMENT:

- | | |
|--|--|
| 01 Diver <u>IS</u> medically qualified to dive for: | 2 years (over age 60)
3 years (age 40-59)
5 years (under age 40) |
| 02 Diver <u>IS NOT</u> 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 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.

Signature MD or DO Date

Name (Print or Type)

Address

Telephone Number E-Mail Address

My familiarity with applicant is: This exam only
 Regular physician for _____ years

My familiarity with diving medicine is:

AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM

Name of Applicant (Print or Type)

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

Signature of Applicant _____ Date _____

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>



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

Name _____ Sex ____ Age ____ Wt. ____ Ht. ____

Sponsor _____ Date ____/____/____
 (Dept./Project/Program/School, etc.) (Mo/Day/Yr)

TO THE APPLICANT:

Scuba diving places considerable physical and mental demands on the diver. Certain medical and physical requirements must be met before beginning a diving or training program. Your accurate answers to the questions are more important, in many instances, in determining your fitness to dive than what the physician may see, hear or feel as part of the diving medical certification procedure.

This form shall be kept confidential by the examining physician. 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 who 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, their 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 they are concerned only with your well-being and safety.

	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	
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	

	Yes	No	Please indicate whether or not the following apply to you	Comments
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)	
38			Frequently raise sputum	
39			Pleurisy	
40			Collapsed lung (pneumothorax)	
41			Lung cysts	
42			Pneumonia	
43			Tuberculosis	

	Yes	No	Please indicate whether or not the following apply to you	Comments
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	
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?	



	Yes	No	Please indicate whether or not the following apply to you	Comments
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