



Coastal and Marine Laboratory
Academic Diving Program
 2035 E. Paul Dirac Dr., Suite 100 Tallahassee, FL 32306-2761
Diving Medical Exam



Overview for the Examining Physician :

_____ (Name of Diving Candidate) is required to have a medical examination to assess his/her fitness for certification as a Scientific Diver for The Florida State University Coastal and Marine Laboratory Academic Diving Program. His /her Diving Medical History (attached), may indicate potential health or safety risks. 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 physicians referenced on the attached list, all of whom have expertise in this area, or call the Academic Diving Program. Thank you for your assistance.

 University Diving Officer

 Date

SCUBA diving is an activity that can be strenuous and hazardous. The diver must be free of cardiovascular and respiratory disease. An absolute requirement is the ability of the lungs, middle ear and sinuses to readily equalize pressure. The most common cause of distress while diving 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.

CONDITIONS THAT MAY DISQUALIFY CANDIDATES FROM DIVING

1. Abnormalities of the tympanic membrane (e.g., perforation, presence of a monomeric membrane, inability to autoinflate 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]

LIST OF PHYSICIANS WITH TRAINING & EXPERTISE IN DIVING MEDICINE

Divers Alert Network
 Medical Information Line
 Phone: (919) 684-2948 Ext 222
 Available: Mon-Fri, 9 AM to 5 PM EST

William Kepper, MD
 1885 Professional Park Circle, Suite 30
 Tallahassee, FL 32308
 Phone: (850) 877-5143

George Tracy, MD
 Bay Medical Center
 615 Bonita Ave.
 Panama City, FL 32402-2513
 Phone: (850) 747-6000

Andrea Gabrielli, MD
 Shands Medical Center
 P.O. Box 100254
 Gainesville, FL 32610-025
 Phone: (352) 395-0463

SELECTED REFERENCES IN DIVING MEDICINE

(Most 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.

- DIVING MEDICINE, Second Edition, 1990. A. Bove and J. Davis. W.B. Saunders Company, Philadelphia
- DIVING AND SUBAQUATIC MEDICINE, Third Edition, 1992. C. Edmonds, C. Lowery, J. Pennefather. Butterworth-Heinemann Ltd. Oxford
- MEDICAL EXAMINATION OF SPORT SCUBA DIVERS, 1998. Alfred Bove (ed.). Medical Seminars, Inc. San Antonio, TX
- NOAA DIVING MANUAL, NOAA. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.
- SCUBA DIVING IN SAFETY & HEALTH, C.W. Deuker. Madison Publishing Associates, Diving Safety Digest, P.O. Box 2735, Menlo Park, CA 94026
- THE PHYSICIAN'S GUIDE TO DIVING MEDICINE, C.W. Shilling, C.B. Carlston, R.A. Mathias. Plenum Press, New York, NY
- U.S. NAVY DIVING MANUAL. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.
- <http://www.diversalertnetwork.org/medical/articles/index.asp> : Alert Diver Magazine articles on diving medicine.



Coastal and Marine Laboratory
Academic Diving Program



Diving Medical Exam
 (to be filled out by the physician)

 Name of Applicant (Print or Type)

 Date

PLEASE CHECK THOSE TESTS COMPLETED.

- Chest X-Ray, PA and lateral views ¹
- Spirometry¹
- Audiogram¹
- Visual acuity¹
- Medical History^{1,2}
- Complete Physical Exam^{1,2} (emphasis on neurological and otological components)

- Hematocrit or Hemoglobin^{1,2}
- Urinalysis^{1,2}
- Resting EKG³
- Assess coronary artery disease risk factors³ (e.g., lipid profile, diabetic screening⁴)
- Any further tests physician deemed necessary^{1,2}

Note: ¹Tests required for initial examination (or first over age 40); ²Tests required for re-examination (@5 yrs under age 40; 3 yrs over age 40, 2 yrs over age 60); ³Additional testing for all applicants over age 40; ⁴Exercise stress testing may be indicated based on risk factor analysis

RECOMMENDATION

- APPROVAL. 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.
- REJECT. This applicant has medical condition(s) which clearly constitute unacceptable hazards to health and safety in diving

REMARKS:

My familiarity with applicant is:

- With this exam only
- Other (describe) _____

Regular Physician for _____ years

My familiarity with diving medicine:

I have discussed the patient's medical condition(s) which would not seriously interfere with diving but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these defects.

 Date Signature M.D. Name (Print or Type)

 Address Telephone Number

APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM

I authorize the release of the results of this Diving Medical Exam to The Florida State University Diving Officer and Diving Control Board.

Signature of Applicant _____ Date _____