



Coastal and Marine Laboratory
Academic Diving Program



Diving Medical History

(Please submit this form to the University Diving Officer)

_____ Sex _____ Age _____ Weight _____ Height _____
 Name of Applicant (Print or Type)

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

TO THE APPLICANT:

Compressed-gas diving makes considerable demands on your physical and emotional condition. Diving with a particular defect is asking for trouble not only for yourself, but for anyone coming to your aid if you have difficulty in the water. Therefore, it is prudent to meet certain medical and physical requirements before beginning a diving or other training program. Your answers to the questions are often as important in determining your fitness as the physician's examination. You should give accurate information to ensure validity of the medical screening procedure.

Information on this form is confidential. If you feel that a question invades your privacy, you may skip it, provided that you subsequently discuss the matter with your own physician and he/she then indicates, in writing, that you have done so and that no health hazard exists.

Any condition you have that might make diving hazardous should be discussed with your physician. His/her written authorization will be required for further consideration of 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. Respect the advice and the intent of this medical history form.

	Yes	No	Please indicate any conditions that 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	
14			Taking any medication regularly (even nonprescription)	
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	

	Yes	No	Please indicate whether or not the following apply to you	Comments
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	
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?	
75			Have you ever had any other medical problems not listed? If so, please list or describe below;	

Additional Comments (if more space required, use back of the form or a separate sheet of paper):

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

Signature

Date

Witness Signature

Date

University Diving Officer Evaluation

I have reviewed this individual's Diving Medical History questionnaire and most recent Diving Medical Exam, and find that he/she has met the medical requirements of The Florida State University and the American Academy of Underwater Sciences. This person is eligible to engage in scientific diving under the auspices of FSU for no more than one year from the date below.

Signature

Date