

**APPENDIX B  
PRE-DIVE MEDICAL FORM FOR PROSPECTIVE ENTRY-LEVEL SCUBA DIVERS**  
The first two pages to be completed by candidate.

1	Surname	Other Names	2	Date of Birth
			4	Sex: Male Female
3	Address		5	Telephone (Home)
6	Principal Occupation		7	Telephone (Work)
8	Intended Dive School			
9	Do you participate in any regular physical activity?		Yes	No
10	Description of activity			
11	Do you smoke? If so how many a day.		Yes	No
12	Do you drink alcohol?		Yes	No
13	How many drinks a week?			
14	Are you taking any tablets, medicines or drugs? List:		Yes	No
15	Do you have any allergies? Details:		Yes	No
16	Have you had any reactions to drugs or medicines or foods? Details:		Yes	No

**Have you ever had or do you now have any of the following? Tick Yes or No.**

	Yes	No
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Notes on History

	Yes	No
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<b>Have any blood relations had</b>		
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<b>Females Only</b>		
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92 Date of most recent chest x-ray

<b>Previous Diving Experience</b>		Yes	No
93	Can you swim?		
94	Have you ever had any problem during or after swimming or diving?		
95	Have you ever had to be rescued?		
96	Do you snorkel dive regularly?		
97	Have you tried scuba diving before?		
98	Have you had previous formal scuba training?		

- 99 Year trained
- 100 Approximate number of dives
- 101 Maximum depth of any dive
- 102 Longest duration of any dive

I certify that the above information is true and complete to the best of my knowledge and I hereby authorise Dr ..... to give medical opinion as to my fitness, or temporary or permanent unfitness to dive to my diving instructor. I also authorise him or her to obtain or supply medical information regarding me to other doctors as may be necessary for medical purposes in my personal interest.

**Signed:**

**Date:**

**Note**

Any chronic disease, such as hepatitis A, B, C, AIDS or tuberculosis, may increase your risks from diving. If you have a chronic disease please discuss it with the doctor who will then be able to advise you whether you will be at increased risk.

**MEDICAL EXAMINATION: To Be Completed By An Approved Medical Practitioner.**

1 Height cm	2 Weight kg	3 Visual Acuity R6/ Corrected 6/ L6/ Corrected 6/	4 Blood Pressure	5 Pulse		
6 Urinalysis Albumen Glucose	7 Respiratory function test (Measured by equipment capable of reading to 7 litres) Vital capacity FEV <sub>1</sub> Percentage		8 Chest x-ray (if indicated) Date Place Result			
9 Audiometry (air conduction)						
Frequency, Hz	500	1,000	2,000	4,000	6,000	8,000
Loss in DB(R)						
Loss in DB(L)						
<b>If abnormal enter in diver's log book and on certificate</b>						

**Clinical Examination/Assessment**

	Normal	Abnormal
10 Nose, septum, airway		
11 Mouth, throat, teeth, bite		
12 External auditory canal		
13 Tympanic membrane		
14 Middle ear auto-inflation		
15 Neurological Eye movements Pupillary reflexes Limb reflexes Finger-nose Sharpened Romberg		
16 Abdomen		
17 Chest auscultation		
18 Cardiac auscultation		
19 Other abnormalities		
20 ECG if indicated		

Notes on Abnormalities

**MEDICAL FITNESS TO DIVE**

No contraindications  
 Temporary contraindications (detail)  
 Permanent contraindications (detail)

Advice put on certificate

Printed Name

Signed

Date

**STATEMENT OF HEALTH FOR RECREATIONAL DIVING**

*This Section to be completed by a Medical Practitioner with appropriate training diving medicine.*

This is to certify that I have today interviewed and examined:

Name.....

Address.....

.....

Date of birth...../...../.....

**Initial the statements that apply:**

..... I have assessed the candidate in accordance with AS 4005.1.

..... I can find no conditions which are incompatible with compressed gas, scuba and surface supplied breathing apparatus (SSBA) and or breath-hold diving.

..... I have explained the health risks of diving disclosed by this examination to the candidate and we have discussed how these risks may be reduced. The candidate appears to have a good understanding of these risks.

..... Based upon my assessment, the candidate should not dive with compressed gases (Scuba and SSBA).

..... Based upon my assessment, the candidate should not breath-hold dive.

Advice:

.....

(Signature of Medical Practitioner)

(Name, address and telephone number of the Medical Practitioner)

...../...../.....

(Date)

*This Section to be completed by the Candidate.*

**Initial the statements that apply:**

..... I understand the health risks that I may encounter in diving and how these risks may be reduced.

..... I also understand that the Medical Practitioner's recommendation herewith is based, in part, upon the disclosure of my medical history.

..... I agree to accept any responsibility and liability for health risks associated with my participation in underwater diving, including those that are due to or are influenced by a change in my health and or my failure to disclose any existing or past health condition to the Medical Practitioner.

..... I hereby authorise the medical practitioner to supply information with regard to my medical fitness to dive to the diving instructor.

.....

(Signature of Candidate)

.....

(Name of Candidate)

...../...../.....

(Date)