

2010 UK SPORT DIVER MEDICAL FORM



Diving Training should not be undertaken until the candidate has completed this Medical Declaration or had a Medical Examination confirming fitness to dive.
www.uksdmc.co.uk

Fees for countersignature of this form or for a medical examination are the responsibility of the diver.

NOTES TO DIVER

It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely provided they are reasonably fit. Sport diving can at times involve heavy physical exertion. Moreover, recreational diving in the UK is carried out in what can occasionally be a cold, dark and hostile environment and it entails responsibility for the safety of other divers. If you have any queries then please contact a medical referee (listed on the website above).

After completing the questions below please follow the instructions overleaf.

IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION COULD INVALIDATE YOUR INSURANCE.

DIVER'S NAME AND DOB.....

Diver Medical Health Questionnaire

YES NO

Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations?		
Have you at any time had chest or heart surgery?		
Do you have a history of bleeding or blood disorders?		
Have you suffered from or had to take medication for asthma?		
Have you ever had collapsed lung or pneumothorax?		
Have you ever had any other chest or lung disease?		
Have you suffered at any time from blackouts, fainting or recurrent dizziness?		
Have you had regular ear problems in the past ten years?		
Do you have an ileostomy, colostomy, or ever had repair of a hiatus hernia?		
Have you ever had epilepsy or fits?		
Have you had recurrent migraines?		
Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?		
Have you had a head injury with loss of consciousness in the past 5 years?		
Have you ever had any back or spinal surgery? Or had any serious back problems ?		
Have you ever had any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?		
Have you any history of alcohol or drug abuse in the last five years?		
Do you have diabetes?		
Are you taking any prescribed medication (except the contraceptive pill?)		
Are you currently receiving medical care or have you consulted the doctor in the last year for conditions other than the common cold?		
Have you ever been refused a diving medical certificate or life insurance or been offered special terms?		
Have you ever had, or been treated for, decompression illness?		
Could you be pregnant, or trying to get pregnant?		

P.T.O.

If you have answered yes to any question please give details below.

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IMPORTANT - Please read these instructions carefully then fill in your, name, address and contact telephone number/email and then sign below

Divers answering “No” to all questions should complete and sign this declaration, deleting answer b), hand the original copy to your Diving Officer and retain a copy with your Qualification Record Logbook for reference purposes.

Divers answering “Yes” to any question or are unsure on any area should delete answer a) and sign. They must then seek advice from a Medical Referee.

- From a telephone call enquiry, the Referee may only need to endorse this form on your behalf. You will need to send the form to the Referee with a written confirmation of your statements, the required fee and a stamped addressed envelope for endorsement by them and return to you. Hand the original of this form to your Diving Officer and retain a copy with your Qualification Record Logbook for reference purposes.

- The Medical Referee may require a statement from your GP and/or to see you for an examination and if you are found fit to dive, they will give you a completed **Certificate of Fitness to Dive** with an expiry date or a statement that further medical assessment is not required. You should attach a copy of the Certificate of Fitness to Dive to this form and hand it to your Diving Officer. Ensure you retain the original of the Certificate of Fitness to Dive (you may need to provide copies for future annual declarations) with a copy of this form with your Qualification Record Logbook for reference purposes.

Name..... Telephone..... Email.....
Address..... Occupation.....
..... Dive Organisation.....Branch.....
.....Post Code..... Date of Birth.....Membership No.....

I authorise any doctor who has attended me to disclose my relevant medical history if requested to a Medical Referee.

Delete a) or b) following as appropriate.

- a) I hereby declare that my response to all the above questions is “No” and that to the best of my knowledge, I am in good health and declare that I have not omitted any information which might be relevant to my fitness for diving.
- b) The answer to one or more of the above questions is “Yes”. I have notified the Medical Referee who I have asked to endorse this form.

Signed..... Date.....
(Signature of Parent or Guardian if under the age of 18)

For completion by Medical Referee if required by applicant

Please delete where applicable

- a) In light of the verbal and/or written statements to me I hereby endorse this self-declaration form on behalf of the applicant.
- b) Unless there is a change in the applicant’s medical condition, they need not submit their self declaration form to a medical referee
1) indefinitely 2) for years (Applicant should save a photocopy of this form for future years.)
- c) Having examined the applicant, I have issued a Certificate of Fitness to Dive.

Signature of Medical Referee.....Date.....

Certificate of Fitness issued/not issued Dated.....Expiry Date.....

VALIDITY AND STORAGE

This form is valid for one year only unless certified for a longer period by the Medical Referee. Any change in health must be declared as this may affect your fitness to dive. Completed forms must be kept by the diver’s Branch/Club during the period of validity.

MEDICAL STANDARDS

These notes are included for the guidance of divers completing this form who may be unfamiliar with requirements for diving.
If in doubt, please discuss with your nearest Medical Referee.

GENERAL	Should your health change, you must notify your diving organisation and see a Medical Referee. If your instructor is unhappy about any aspect of your health, you may be referred to a Medical Referee. If planning to dive abroad, some countries require a full medical examination. Check in good time before you travel. Diving is not advised during pregnancy or when trying to conceive. Smoking reduces fitness and increases the risk of air embolism, pneumothorax, and coronary thrombosis.		
SYSTEM	DISQUALIFYING FACTORS	ALLOWABLE FACTORS	OTHER POINTS
ENT	Perforated eardrum in new entrants, chronic vestibular disease in new entrants.	Perforated eardrum known to have been present during several years of diving. Healed perforation, including "paper thin" scars. Unilateral nasal block. Sinusitis if not adversely affected by diving	Ear clearing is best checked by a practical test in the pool. Perforated eardrums can be surgically repaired and enable the individual to dive.
Oral Cavity	Dentures must be retained in place on fully opening the mouth and not be dislodged by placing jaws together in any position, or by movement of one denture against the other. They should extend to the muco-buccal fold. If dentures do not satisfy these requirements, they should not be worn whilst diving. Cleft palate not acceptable without Referee's opinion.		Bad teeth and fillings should not normally disqualify from diving but dental attention is recommended as neglect leads to dental caries, toothache and loss of teeth.
Respiratory System	Suspicion of active tuberculosis. Tuberculosis scars other than healed primary focus in new entrants. History of spontaneous pneumothorax, lung cysts or bullae normally disqualifies. Possible surgical treatment should be discussed with a Medical Referee. Spontaneous pneumothorax that occurred more than four years ago may be allowable provided a full set of lung function tests are performed and are normal. A Medical Referee must be consulted.	T.B. scars in established diver subject to Referee's opinion. Traumatic pneumothorax not necessarily a disqualifying factor. Asthma, surgical removal of lung tissue, chronic bronchitis or any other serious chest condition must be seen by a Medical Referee.	A chest X-ray is not required on entry or at repeat medical examination unless there is a history of significant cardiovascular disease, respiratory disease or occupational exposure (since the last medical in the case of a repeat medical) or if the physical examination reveals an abnormality in the cardiovascular or respiratory systems. Doctors must see film or report before signing certificate.
Cardiovascular System	Ischaemic heart disease (Coronary heart disease), significant valve disease. Other heart disease, systolic pressure over 160 mm Hg, diastolic pressure over 100 mm Hg in established divers and 90 mm Hg in new entrants, or other evidence of hypertensive damage.	Minor asymptomatic heart disease other than ischaemic (subject to more frequent medical checks). Subjects with well-controlled hypertension without evidence of damage may be permitted to dive. Intracardiac shunts ("Holes in the heart") must be seen by a Medical Referee.	Subjects with a pacemaker must be seen by a Medical Referee.
Haematology	Haemophilia if factor VIII is below 20%, sickle cell disease, thalassaemias and polycythaemia are not allowed to dive except as noted under Allowable Factors.	Mild anaemia but advise investigation. Tumours and leukaemia may be allowable but must be seen by Medical Referee. Sickle cell trait. Von Willebrand's disease must see Medical Referee Polycythaemia if haematocrit normal with treatment.	Sickle cell test only where clinically indicated. Haemophiliacs may be permitted to dive provided factor VIII is more than 20% but only after being seen by Medical Referee. Subjects with sickle cell trait should exercise caution when using rebreathers owing to the risks associated with mild degrees of hypoxia.
Abdomen and Urogenital System	Significant proteinuria (albumin in the urine), until the cause has been established.	Healed peptic ulcer. Abdominal hernias (but repair is advised).	
Nervous System and Vision	History of confirmed epilepsy including post-traumatic fits must be seen by Medical Referee. Any serious head injury in past three months. Currently symptomatic psychiatric or personality disorders. Any disease of CNS (MS, Polio, Petit Mal, etc.) to be seen by Medical Referee.	Febrile convulsions but no other type of fit allowable. Multiple Sclerosis – only stable patients free from recent attacks acceptable.	A single isolated fit or severe head injury to be seen by Medical Referee. Severe visual impairment to be reported to Referee. A long fit free period off anticonvulsants may be allowable.
Endocrine	Diabetes with any long-term diabetic complications or frequent hypoglycaemic attacks.	Referral to Medical Referee is required for diabetic subjects and for all other endocrine disorders.	An annual medical is mandatory for diabetics.
Drugs	The use of the following disqualifies: oral sympathomimetics (other than proprietary nasal decongestants), oral steroids, muscle relaxants, digoxin, and psychotropic drugs - see comments in Other Points column. Alcohol, drug or narcotic abuse to disqualify.	Antihistamines, anti-seasickness preparations, and analgesics should only be used with caution. Oral contraceptives and diuretics are allowable.	If any psychotropic drug (including tranquilisers, sedatives and hypnotics) has been used, the candidate should not dive for at least 3 months after complete cessation of therapy without the consent of a Medical Referee.
Decompression illness since last Medical	Must be seen by a Medical Referee		
Disabilities	Anyone with a significant disability must be assessed by a Medical Referee. Suitable organisations to contact are "Dolphin" (Tel No 01752 209999) or the Headquarters of the Diving Associations who have jointly published this form.		