

ASU MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

Name of Applicant (Print or Type)

Date(Mo/Day/Year)

To The PHYSICIAN:

This person is an applicant for training or is presently certified to engage in diving with self-contained underwater breathing apparatus (scuba). This is an activity which puts unusual stress on the individual in several ways. 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. An absolute requirement is the ability of the lungs, middle ear and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant.

TESTS: Please initial that the following tests were completed.

Initial Examination
or first over age 40

Re-examination

____ Medical History

____ Medical History

____ Chest X-Ray

____ 12 Lead EKG

____ Pulmonary function

____ Pulmonary function

____ Audiogram

____ Audiogram

____ Visual acuity

____ Visual acuity

____ Complete blood count (CBC)

____ Complete blood count (CBC)

____ Blood chemistry

____ Blood chemistry

____ Urinalysis

____ Urinalysis

RECOMMENDATION:

APPROVAL. I find no medical condition(s) which 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, in my opinion, clearly would constitute unacceptable hazards to health and safety in diving

REMARKS:

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

My familiarity with applicant is:

- With this exam only
- Regular Physician for _____ years
- Other (describe) _____

My familiarity with diving medicine:

APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM

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 _____