



## ABOUT THIS DOCUMENT

This document is an international document and therefore it can be used in any country Worldwide. The laws regarding medical examinations for divers and the forms of medical certificates, where they exist, vary by country.

The first part of this document (page 2) is **mandatory** in those countries where there are **no laws** about **compulsory** medical examination for divers. The student must submit it to the instructor, who will decide if the candidate needs to be examined by a physician before being allowed to dive.

In countries where there are laws in this regard, the purpose of the first part of this document is none other than to assist the examining doctor when he is doing the medical examination.

The second part of this document (page 3) must be completed and signed by a doctor **authorized by the law of the country** where s/he operates, to perform this type of medical examinations and where the **medical examinations for divers are mandatory**. The purpose of this second part is to be a guide for the doctor doing the examination if not familiar with scuba diving. The doctor must complete only the last section of the second part of this paper, where it indicates if you are approved, conditionally approved, not approved for diving or temporarily incapacitated, and the doctor's information.

Finally, the third part of this document (page 4) can be used in those countries where the diving medical examination is mandatory and there is no specific or official medical certificate form.

Note: This document does not contravene any data protection laws as no written clinical or medical information appears in it.

For any questions please contact ACUC. Contact information at [www.acuc.es](http://www.acuc.es).



## SCUBA DIVER MEDICAL DECLARATION FORM

In many countries, applicants for Scuba diving training programs are required to submit a completed medical form signed by a Doctor who complies with the local legislation, if there is one, for performing diving medical examinations. If this is the case, please set up an appointment with a doctor and give the doctor this form.

If this is not mandatory in the country where you take the Scuba training, please answer verbally the first part to your Instructor, who will decide based on your answers, if you need a medical examination or not. Those fields appearing in red are mandatory fields which must be answered..

### PART 1 - DIVER MEDICAL HISTORY *(to be completed by the applicant)*

<b>NAME AND LAST NAME:</b>		AGE:	
NATIONAL IDENTITY CARD OR PASSPORT NUMBER			

**If any of the following apply to you, please tell your Instructor and/or doctor:**

- |                                       |                                   |                           |                                    |
|---------------------------------------|-----------------------------------|---------------------------|------------------------------------|
| 1. Persistent headaches               | 2. Glasses or contact lenses      | 3. Asthma                 | 4. Sinus trouble                   |
| 5. Persistent cough or frequent colds | 6. Important injuries             | 7. Ear trouble            | 8. Injection dependent Diabetes    |
| 9. Dizziness, fainting or epilepsy    | 10. Dizziness because of movement | 11. Tranquilizers         | 12. Allergies (including to drugs) |
| 13. Emotional problems                | 14. Pneumothorax or Chest pains   | 15. Heart trouble         | 16. High blood pressure            |
| 17. Claustrophobia                    | 18. Pregnancy                     | 19. Tuberculosis          | 20. Alcoholism                     |
| 21. Dentures                          | 22. Smoker                        | 23. Surgical intervention | 24. Regular medication             |

If you have any of the above, please explain to your Instructor and/or doctor

If you have or had any serious injury or accident, or illness not mentioned above, please explain to your Instructor and/or doctor

PERSON TO BE CONTACTED IN CASE OF EMERGENCY			
NAME:		RELATIONSHIP :	
ADDRESS:		TELEPHONE:	

**I CERTIFY THAT ALL VERBALLY DECLARED TO MY INSTRUCTOR, IS TRUE AND THAT I AM NOT AWARE OF ANY MEDICAL PROBLEMS THAT COULD IMPEDE MY PARTICIPATION IN A DIVE COURSE AND IN SCUBA DIVING. SCUBA DIVING COULD DEMAND GOOD PHYSICAL SHAPE AND COULD INCREASE STRESS LEVELS. I UNDERSTAND THAT GIVING INCORRECT ANSWERS TO MY INSTRUCTOR COULD ENDANGER MY LIFE.**

<b>Applicant's Signature:</b>			
<b>The next part should only be filled by the Instructor in countries where it is not compulsory to have a medical examination for diving</b>			
Instructor comments:	I believe applicant to be fit to dive:		Applicant should pass a medical examination before being allowed to dive:
<b>Date:</b>		Instructor's signature:	
Instructor's Name and ACUC number			
If the candidate has marked any of the cases above, a doctor should examine the candidate BEFORE starting any in water activity of the scuba course. If this was the case, the doctor must fill the 2nd part of this questionnaire. It is requested from the examining doctor to fill and sign the 2nd part of this questionnaire and to give it to the candidate in a sealed envelope. The candidate should give this sealed envelope to his/her Instructor			



**PART 2 - DIVING FITNESS EXAMINATION** (to be completed by the physician)

(If it is not mandatory in the country where the student takes the course, this part must be filled by the doctor only if the candidate has indicated to the Instructor any of the cases in the first part of this questionnaire or if the candidate wishes to have a medical checkup for diving)

Applicant's Name:		Date of Birth:	
National Identity card or Passport number:			

To ensure the greatest possible safety for scuba divers it is essential that anyone engaging in diving activities be both physically and psychologically fit. Scuba diving involves exposures to certain abnormal conditions: 1. underwater submersion, 2. changes in ambient pressure, 3. changes in pressure of inhaled air, and 4. increased stress levels. This requires the diver to be fit and alert at all times. Therefore, the physician is asked to pay particular attention to the following areas while conducting the physical examination:

1. Any history of or findings that suggest the possibility of even momentary unconsciousness (e.g. epilepsy, insulin controlled diabetes, unstable cardiac rhythms).
2. Any history or findings that indicate serious problems with ears and sinuses (e.g. chronic draining ear, ear surgery, perforated TM).
3. Any possibility of conditions arising which could impede air escape from the lung during ascent (e.g. asthma, old lung trauma, bronchiectasis, pneumothorax).
4. Any indication of unusually high levels of stress, poor stress tolerance or emotional instability.
5. Any history of medication or street drug use, including alcohol to excess, which might impair performance.

The following conditions would represent an **absolute contraindication to diving**:

- |   |  |
|---|--|
| 1. Loss of consciousness due to seizure or cardiovascular instability within the last five years. | 10. Myocardial infarction within the last 12 months.                     |
| 2. Use of anticonvulsant medication.  | 11. Angina pectoris.   |
| 3. Use of antiasthmatic medications.  | 12. Chronic inability to clear the sinuses or middle ears.               |
| 4. An episode of bronchospasm in the last five years.   | 13. Chronic perforation of the tympanic membrane or draining middle ear. |
| 5. Spontaneous pneumothorax within the last three years.  | 14. Chronic vestibular diseases.   |
| 6. Evidence of pulmonary obstruction on spirometry.   | 15. Diabetes requiring insulin injections.                               |
| 7. Lung lesions of any kind on X-ray.   | 16. Evidence of psychosis.   |
| 8. Use of antiarrhythmic medications.   | 17. Extreme anxiety.   |
| 9. Heart block greater than first degree.   | 18. Mental deficiency  |

**Persons having any of the above disorders would be at great risk diving and this risk should be thoroughly explained to them. Physicians can obtain additional advice by writing or phoning: Tobermory Hyperbaric Facility, Box 220, Tobermory, Ontario CANADA NOH 2R0 (519) 596-2306: Dr. George Harpur, M.D. & Dr. Ralph Suke, M.D. Certified Diving Instructors.**

**DOCTOR SHOULD CHECK ONE OF THE FOLLOWING**

APPROVAL	Examination and history reveal no defects which I consider incompatible with diving
CONDITIONAL APPROVAL	Examination and history reveal findings which indicate that diving may not be in this person's best interest. I have discussed this matter with the applicant.
DISAPPROVAL	Examination and history reveal <b>absolute contraindications to diving</b> , and the applicant has been thus advised.
TEMPORARY DISQUALIFICATION	Examination and history reveal findings which are temporary in nature. The applicant should refrain from diving until the problem is solved. A re-examination will be required.

I declare that I am a doctor authorized and qualified by my country's legislation to do this type of medical examinations

Physician's name:		Physician's number:	
Physician's Signature:		Date:	

Please, if approved, sign and stamp also the candidate's ACUC Dive Log Book



## MEDICAL FORM FOR RECREATIONAL SCUBA DIVING

This form can be used in countries where it is mandatory to pass a medical examination for learning and / or practicing recreational diving and where there is not an official medical certificate form.

I declare that I have made a medical examination for diving to:

<b>NAME AND LAST NAME:</b>	AGE:	
NATIONAL IDENTITY CARD OR PASSPORT NUMBER		

And that the result of the medical examination is:

### DOCTOR SHOULD CHECK ONE OF THE FOLLOWING

	APPROVAL	Examination and history reveal no defects which I consider incompatible with diving
	CONDITIONAL APPROVAL	Examination and history reveal findings which indicate that diving may not be in this person's best interest. I have discussed this matter with the applicant.
	DISAPPROVAL	Examination and history reveal <b>absolute contraindications to diving</b> , and the applicant has been thus advised.
	TEMPORARY DISQUALIFICATION	Examination and history reveal findings which are temporary in nature. The applicant should refrain from diving until the problem is solved. A re-examination will be required.

I declare that I am a doctor authorized and qualified by my country's legislation to do this type of medical examinations

<b>Physician's name:</b>		<b>Physician's number:</b>	
<b>Physician's Signature:</b>		<b>Date:</b>	

Please, if approved, sign and stamp also the candidate's ACUC Dive Log Book