



Oregon State
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Occupational Medicine

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APPENDIX 3
DIVING MEDICAL HISTORY FORM

(To Be Completed By Applicant-Diver)

Name _____ Sex ____ Age ____ Wt. ____ Ht. ____

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

TO THE APPLICANT:

Scuba diving places considerable physical and mental demands on the diver. Certain medical and physical requirements must be met before beginning a diving or training program. Your accurate answers to the questions are more important, in many instances, in determining your fitness to dive than what the physician may see, hear or feel as part of the diving medical certification procedure. This form shall be kept confidential by the examining physician. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own physician who must then indicate, in writing, that you have done so and that no health hazard exists. Should your answers indicate a condition, which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, their written authorization will be required in order for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that they are concerned only with your well-being and safety.

| | Yes | No | Please indicate whether or not the following apply to you | Comments |
|----|-----|----|---|----------|
| * | | | Have you had COVID-19? | |
| 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 non-prescription) | |

| | Yes | No | Please indicate whether or not the following apply to you | Comments |
|----|-----|----|---|----------|
| 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 | |
| 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 | |

| | Yes | No | Please indicate whether or not the following apply to you | Comments |
|----|-----|----|--|----------|
| 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; | |
| 76 | | | Is there a family history of high cholesterol? | |
| 77 | | | Is there a family history of heart disease or stroke? | |
| 78 | | | Is there a family history of diabetes? | |
| 79 | | | Is there a family history of asthma? | |
| 80 | | | Date of last tetanus shot? Vaccination dates? | |

Please explain any “yes” answers to the above questions.

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

Signature

Date

APPENDIX 4

RECOMMENDED PHYSICIANS WITH EXPERTISE IN DIVING MEDICINE

List of local Medical Doctors that have training and expertise in diving or undersea medicine.

Level I graduates of the Undersea Hyperbaric and Medical Society (UHMS) Fitness to Dive courses (approximately 250 physicians) are listed at <http://membership.uhms.org/?page=DivingMedical> (UHMS website, go to Resources, go to Library, go to Diving Medical Examiners)

Gordon Anderson
Eugene, OR
541-485-1361

Bridget Metcalf
Salem, OR
503-507-9185

Jane Tompkin
Portland, OR
503-215-6061

William Spisak
Portland, OR
503-282-7732