

# UK SPORT DIVER MEDICAL FORM

This form is based on the original work of the Medical Committee of the British Sub-Aqua Club.  
 Any fee in respect of the medical examination is the responsibility of the person being examined.

**Aqualung training must not commence until the candidate holds a valid Certificate of Fitness to Dive**

## NOTES TO THE DOCTOR CONDUCTING A DIVING MEDICAL EXAMINATION

Before anyone can undertake diver training with any of the associations who have jointly published this form, it is necessary for him or her to have a medical examination and be certified fit to dive. Repeat medicals are required at the intervals specified on the Certificate of Fitness to Dive. Exceptional fitness is not essential; both men and women can dive safely providing they are reasonably fit and do not suffer from any of the disqualifying conditions described in the table of Medical Standards referred to below. Nevertheless, sports 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 other divers, it is suggested that these considerations be borne in mind when assessing the candidate's fitness for diving.

### Medical Standards

A reference table describing the more common medical conditions which may cause problems for divers, or disqualify them from diving altogether, is set out on the following pages.

### Advice

Should you have any doubts as to a person's fitness for diving, you can seek the opinion of any Medical Referee listed on the back of this form, either by telephone or letter, or by marking the 'Refer to Referee' box in Section B and returning the form to the applicant to take to the Referee when attending for further examination. It will assist the Referee if you give full information about the problem and **indicate your own opinion** regarding fitness to dive.

### Certificate of Fitness to Dive

If you find the applicant fit to dive, please complete and sign the Certificate of Fitness to Dive. The member is required to affix this in his/her diver training and qualification record book.

### Fee

Any fee for this examination (and X-Ray if required) is to be paid by the person being examined. When deciding on the level of fee, please bear in mind that the examination is for sport and not for commercial purposes.

## SECTION A - To be completed by the applicant

Name..... Telephone..... Age.....  
 Address..... Occupation.....  
 ..... Diving Association..... Branch.....  
 ..... Postcode..... Date of birth..... Mem No.....

	Yes	No		Yes	No
1. Have you ever had a diving medical? If so give date of last one in further details section	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you any family history of heart disease or high blood pressure or had a blood test for blood lipids (fats)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever attended or been admitted to hospital?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever you suffered at any time from any of the following ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you diabetic?	<input type="checkbox"/>	<input type="checkbox"/>	(a) Ear trouble, earache, discharge or deafness	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you wear dentures?	<input type="checkbox"/>	<input type="checkbox"/>	(b) Sinus trouble	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you regularly or frequently take any medication or other treatment with or without prescription?	<input type="checkbox"/>	<input type="checkbox"/>	(c) Chest disease, including Asthma, Bronchitis or TB, Pneumothorax, collapsed lung or exposure to dust.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had any form of decompression sickness?	<input type="checkbox"/>	<input type="checkbox"/>	(d) Attacks of giddiness, blackouts and fainting.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently receiving medical care, or have you consulted the doctor in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	(e) Fits or any nervous disorders, including persistent headaches or concussion	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been refused a diving medical certificate or life insurance or been offered special terms?	<input type="checkbox"/>	<input type="checkbox"/>	(f) Anxiety, "nerves", nervous breakdown	<input type="checkbox"/>	<input type="checkbox"/>
9. Has there been any change in your physical or mental health since your last medical?	<input type="checkbox"/>	<input type="checkbox"/>	(g) Diseases of the heart and circulation, including high blood pressure, chest pains and palpitation	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you smoke? (give approximate indication of number of cigarettes per day or amount of tobacco per week below)	<input type="checkbox"/>	<input type="checkbox"/>			

If the answer is YES to any question, please give further details .....

.....  
 .....

Name and Address of G.P.....

I declare that to the best of my knowledge, I am in good general health and that I have not omitted any information which might be relevant to my fitness for diving. I authorise any doctor who has attended me to disclose any details of my past or present medical history if requested to do so by the Medical Officer of my diving association.

Signed.....Date.....

**INSTRUCTIONS TO THE APPLICANT ON THE USE OF THE UK SPORT DIVER MEDICAL FORM**

Complete Section A and take this form with you when you attend a diving medical examination. If you are certified fit to dive, the doctor will sign the Certificate of Fitness, which should be cut from the form and shown to your Branch/Club Diving Officer before affixing it in your diver training and qualification record book.

If you are referred to a Medical Referee, the doctor will either send this form to the Referee nominated by you, or will return the form to you to take to the Referee when you attend for further examination.

**UK Sport Diver Medical Certificate  
CERTIFICATE OF FITNESS TO DIVE**

Valid for 5 years to age of 40, 3 years to age of 50 and 1 year thereafter  
(May be restricted by Examining Doctor to a shorter period of validity)

***This is to Certify that***

Age.....Membership N<sup>o</sup>.....

*is in my opinion fit to dive at the time of examination. Any changes in medical health should be declared*

Date.....Valid until.....

Signature of Doctor.....

Address.....  
(or Stamp)

**SECTION B To be completed by the examining doctor and may be retained for record purposes**

Height  .

Weight

BMI  .

	NORMAL	
	YES	NO
Ears: R. Drum	<input type="checkbox"/>	<input type="checkbox"/>
Canal	<input type="checkbox"/>	<input type="checkbox"/>
L. Drum	<input type="checkbox"/>	<input type="checkbox"/>
Canal	<input type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>
Chest	<input type="checkbox"/>	<input type="checkbox"/>
Peak Flow <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
CVS	<input type="checkbox"/>	<input type="checkbox"/>
BP <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
CNS	<input type="checkbox"/>	<input type="checkbox"/>
Joints and Limbs	<input type="checkbox"/>	<input type="checkbox"/>
Personality or Mental Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Urine: Free from albumen	<input type="checkbox"/>	<input type="checkbox"/>
Free from sugar	<input type="checkbox"/>	<input type="checkbox"/>
Chest X-ray (Only if indicated)	<input type="checkbox"/>	<input type="checkbox"/>

Please comment below on any abnormalities

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 .....  
 .....  
 .....  
 .....  
 .....  
 .....

Date of Chest X-Ray.....  
(if indicated)

Place.....

Fit       Refer to Referee  
 Unfit

Signature of Doctor.....

Address.....  
(or Stamp)

Telephone No.....

Date.....