



Medical Assessment Sport Diving

Irish Underwater Council

Form No.:	CFT/IUC409
Issue No.:	4.2
Dated:	01-Sep-2017

SECTION A: TO BE COMPLETED BY THE CANDIDATE:

DIVER STATEMENT OF HEALTH FOR SPORT DIVING

Note: FAILURE TO DISCLOSE A MEDICAL CONDITION MAY INVALIDATE YOUR INSURANCE

Surname	Other Names	Date of birth
Address	Tel No.	Sex Male Female
Do you smoke?	Yes No	
Do you drink alcohol?	Yes No	How many units per week?
Are you taking any tablets or medicines or drugs? List:	Yes No	
Do you have any allergies? Details:	Yes No	
Have you ever had any reactions to medicines or foods? Details:	Yes No	

HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING?

Tick Yes or No as appropriate

Notes on history

	YES	NO
Previous diving medical		
Prescription glasses		
Hay fever		
Sinusitis		
Other nose or throat problem		
Recent dental procedures		
Deafness or ringing tones in ear(s)		
Discharging ears or other infections		
Operation on ears		
Giddiness or loss of balance		
Severe motion sickness		
Problems when flying in aircraft		
Severe or frequent headaches		
Migraine		
Fainting or blackouts		
Convulsions, fits or epilepsy		
Unconsciousness		
Concussion or head injury		
Sleep walking		
Severe depression		
Claustrophobia		
Mental illness		
Abnormal blood test		
ECG (Heart tracing)		
High blood pressure		
Rheumatic fever		
Discomfort in your chest with exertion		
Short of breath on exertion		
Bronchitis or pneumonia		



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Pleurisy or severe chest pain		
Coughing up blood		
Chronic or persistent cough		
TB (Tuberculosis)		
Pneumothorax ("Collapsed lung")		
Frequent chest colds		
Asthma or wheezing		
Use an inhaler		
Other chest complaint		
Operation on chest, heart or lungs		
Indigestion, peptic ulcer or acid reflux		
Vomiting blood or passing red or black motions		
Recurrent vomiting or diarrhoea		
Jaundice, hepatitis, or liver disease		
Severe loss of weight		
Hernia or rupture		
Major joint or back injury		
Limitation of movement		
Fractures (broken bones)		
Paralysis or muscle weakness		
Kidney or bladder disease		
Any chronic disease (see note below)		
Syphilis		
Diabetes		
Blood disease or bleeding problem		
Operations		
In hospital for any reason		
Life insurance rejected		
A job or license refused on medical grounds		
Unable to work for medical reasons		
Other illness or injury or any other medical conditions		
Females Only: Are you now pregnant or are you planning to be?		

I certify that the above information is true and complete to the best of my knowledge and I hereby authorise Dr _____ to give medical opinion as to my fitness, or temporary or permanent unfitness to dive to my diving officer. I also authorise him or her to obtain or supply medical information regarding me to other doctors as may be necessary for medical purposes in my personal interest.

Signed: _____ Date: _____

Note

Any chronic disease, such as hepatitis A, B, C, HIV (AIDS), Tuberculosis (TB), may increase your risks from diving. If you have any chronic disease please discuss it with your doctor who will then be able to advise you whether you will be at increased risk.



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ADVICE TO THE MEDICAL EXAMINER

IMPORTANT – SCUBA DIVING IN IRELAND IS REGARDED AS A SAFE SPORT. This is because of the comprehensive training, the care taken by divers and not least by the exclusion of people who have medical conditions that would render them unsafe to dive.

The guidelines are designed to alert physicians to medical problems that may interfere with safe diving. The guidelines cannot be exhaustive and examining doctors are asked to use their clinical judgment, experience.

The Irish Underwater Council Diver Safety Program abides by the UK Diving Medical Committee standards. The latest standards can be found at [HTTP://UKDMC.ORG](http://ukdmc.org)

PLEASE CONSULT THESE GUIDELINES WHEN APPROVING A PERSON TO DIVE.

PLEASE FAMILIARISE YOURSELF WITH THE CONTRAINDICATIONS FOR DIVING FROM THE UKDMC BEFORE CERTIFYING A PERSON FIT TO DIVE.

SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE SUITABILITY OF A PERSON TO DIVE PLEASE CONTACT OUR MEDICAL OFFICER AT medical@diving.ie

ADVICE TO THE DIVER ON MEDICAL FREQUENCY

The current requirements for medical examinations are as follows

- On joining CFT as a diving member
- On reaching the age of 35
- Three yearly from the age of 35
- Annually from the age of 55
- If a diver's health status has changed since the last medical examination



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SECTION B: TO BE COMPLETED BY THE MEDICAL EXAMINER

Medical Examination

Height	Weight	Visual Acuity R6/ Corrected 6/ L6/ Corrected 6/	Blood pressure	Pulse bpm. Regular Irregular
Urinalysis Glucose Protein Blood BMI less than 30 – if over 30 please consult with IUC Medical Advisor		PEFR l/min & % of expected PEFR All asthmatics must have respiratory function tests as per UKDMC /BTS guidelines.	Chest X-Ray (If indicated) Date Place Result Cardiovascular Risk score (www.escardio.org SCORE) If IHD score elevated investigate	

If clinical examination abnormal, enter in diver's log book and on certificate

Clinical Examination / Assessment	Normal	Abnormal
Nose Septum Airway		
Mouth, throat teeth		
External auditory canal		
Tympanic membrane		
Middle ear auto-inflation		
Neurological		
Eye movements		
Pupillary reflexes		
Limb Reflexes		
Finger – nose		
Sharpened Romberg		
Abdomen		
Chest		
Cardiac auscultation		
Other abnormalities		

Notes on abnormalities



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DOCTORS STATEMENT OF HEALTH FOR SPORT DIVING

This is to certify that I have today reviewed the diver's self-declaration, interviewed, and examined:

Name _____

Address _____

Date of birth: Day ____ Month ____ Year _____

Initial those statements that do, and delete (cross out) those that do not apply:

_____ I have assessed the candidate in accordance with UKDMC Standards.

_____ I can find no conditions which are incompatible with compressed gas and / or breath-hold diving.

Signature of Medical Examiner

Name of Medical Examiner

Date

Medical Examiner Stamp

THIS SECTION TO BE COMPLETED BY THE DIVER

I understand the health risks that I may encounter in diving and how these risks may be reduced.

I also understand that the Medical Practitioner's recommendation herewith is based, in part, upon the disclosure of my medical history.

I agree to accept any responsibility and liability for health risks associated with my participation in underwater diving, including those that are due to or are influenced by a change in my health and / or a failure to disclose any existing or past health condition to the Medical Practitioner.

Signature of Diver

Name of Diver

Date



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FURTHER READING (This information is based on SPUMS guidelines , these are stricter than UKDMC guidelines especially in respect to cardio-respiratory matters)

Diving is a sport carried out in a non-respirable environment using breathing apparatus. Sudden unconsciousness underwater is usually fatal when using SCUBA equipment, as the relaxation of muscle tone accompanying unconsciousness results in the breathing regulator falling from the victim's mouth. The diver's next breath will then be water. This makes any condition which can cause sudden unconsciousness an absolute bar to diving. Such conditions include epilepsy and diabetes where the patient requires insulin.

A further problem with the water environment is that pressure increases very rapidly with descent, i.e. by one atmosphere of extra pressure for every 10 m of depth in the sea. The use of breathing apparatus, providing gas at ambient pressure, prevents problems of pressure-volume imbalance in the lungs during descent. However, the middle ears and sinuses will develop problems on descent unless the pressure in these spaces equals the ambient pressure. There is no way of establishing the patency of sinus ostia by clinical examination. However, patency of the Eustachian tubes, and so the ability to equalise the middle ear pressures, can be established easily. Observation of the tympanic membrane while the patient holds his or her nose, shuts the mouth and blows, (Valsalva manoeuvre) will reveal ingress of air to the middle ear by movement of the drum. The Eustachian tube opening in the nasopharynx is normally closed. Swallowing opens the ostium. Therefore, a combination of Valsalva and swallowing during the manoeuvre will give the best chance for air to travel up the Eustachian tube. Another way of opening the Eustachian tube is to protrude the jaw and wriggle it from side to side while performing the Valsalva manoeuvre. Failure to auto-inflate a middle ear is an absolute bar to diving until the person can auto-inflate.

A further set of pressure related problems also occur during ascent when the ambient pressure is decreasing. If an air-filled space cannot vent when the surrounding pressure is reduced, two things can happen. A space with elastic sides can expand but if the space has rigid walls, the pressure in the space remaining at the original pressure becomes higher than ambient pressure. The chest wall is elastic, but after a certain expansion the stretching of the lungs results in tearing of the lung substance. Air can then enter the pulmonary venous drainage, pass through the left portion of the heart and be carried to the brain as air embolism. Unconsciousness and death can result. Thus, any condition preventing normal emptying of the lungs is an absolute bar to diving.

Lung cysts, bullae, and other areas that empty slowly or not at all are an absolute bar to breathing air under pressure. These conditions are best detected by taking an X-ray of the chest in full inspiration and another in full expiration. Asthma is another such condition. To detect expiratory airway obstruction, a Vitalograph (or similar) test is required. Experience in the navies of the world, with submarine escape training of many thousands, has shown that a disproportionate number of those suffering burst lungs have FEV1/FVC ratios of below 75%. Such people do not need to hold their breath on ascent to damage their lungs; all they have to do is rise too rapidly. People with FEV1/FVC ratio below 75% cannot be considered fit for diving according to SPUMS guidelines, however the UKDMC/BTS accept a lower FEV1/FVC ratio of 70% as being permissible to dive as long as everything is clinically normal. A normal FEV1/FVC ratio but clinical signs of bronchospasm, especially on forced, deep, rapid ventilation is an indication of unfitness to dive. Treatment with drugs for the aforementioned asthma types is not suitable as the effects can wear off underwater and the combined effects of pressure and bronchodilator drugs are uncertain.

It is hoped that the foregoing makes the following list of absolute and relative contraindications to diving logical and comprehensible