

The Medical Examination/Assessment of Divers

Diver's Personal Details

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Date of birth:	<input type="text"/>	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Address:	<input type="text"/>		
Nationality	<input type="text"/>	Ethnic origin:	<input type="text"/>

Examining Doctor's Details

Name:	<input type="text"/>	Address:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
Doctor's stamp:	<input type="text"/>		

Type of Medical

Type of medical:	<input type="checkbox"/> Preliminary examination <input type="checkbox"/> Annual assessment	
Date of examination:	<input type="text"/>	Date of expiry of certificate of fitness (if applicable) <input type="text"/>
Is the diver medically fit to dive?	If 'No', please explain. Record actions taken (specialist reports, discussions with approved doctors, etc.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
If 'Yes', are there any restrictions?	If 'Yes', please explain.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	

Medical History

Details of any illness or contact with doctors in last year:

Details of any medication being taken:

Smoking status:

Alcohol consumption:

Allergies:

Diving History

Details of the diver's work history to set against the medical assessment. To be completed for annual assessment only.

Diving certificate number, qualifications and dates:

Commencement date of commercial diving:

Type of diving work undertaken:

What breathing equipment is used:

Diving activity in last year:

Number of air dives:

Number of days in saturation:

Details of any diving abroad:

Any diving-related medical problems and number of working days lost since last medical:

All aspects of this medical should be conducted at the preliminary examination and each annual assessment unless specifically stated

Morphology

Height (m): Weight (kg): BMI:

Respiratory System

Examination of chest. If 'Abnormal', please give details:

- Normal
 Abnormal

	Predicted:	Actual:
FEV ₁	<input type="text"/>	<input type="text"/>
FVC	<input type="text"/>	<input type="text"/>
FEV ₁ /FVC	<input type="text"/>	<input type="text"/>

Cardio-Vascular System

Examination of cardio-vascular system, including heart sounds. If 'Abnormal', please give details:

- Normal
 Abnormal

BP mmHG: Resting ECG*: Post-exercise ECG*:

Exercise Testing

Type of test used:

Results:

Central Nervous System

Examination. If 'Abnormal', please give details:

- Normal
 Abnormal

Peripheral Nervous System

Examination. If 'Abnormal', please give details:

- Normal
 Abnormal

Musculo-Skeletal System

Examination. If 'Abnormal', please give details:

- Normal
 Abnormal

* as required

Ears (attach copy of audiogram if performed)

Examination of ears, including external canal, drums and eustachian tube function. If 'Abnormal', please give details:

- Normal
- Abnormal

Audiogram performed: Yes No

Vision

Examination of eyes and fundus. If 'Abnormal', please give details:

- Normal
- Abnormal

Dental

Examination. If 'Abnormal', dental certificate required:

- Normal
- Abnormal

Urology

Genito-urinary examination. If 'Abnormal', please give details:

- Normal
- Abnormal

Urinalysis: Protein Sugar Blood

Integument

Examination of skin. If 'Abnormal', please give details:

- Normal
- Abnormal

Radiography

Chest – PA insp. and exposure films:

Long bone X-rays*:

Haematology*

Haemoglobin:

Full blood count:

Sickle test:

* as required

Please note any additional findings overleaf for future reference