

# Llantrisant Sub-Aqua Club - Divers Medical Questionnaire

Please complete this form in BLOCK CAPITALS and in ink.  
If in any doubt, discuss with the examining doctor.



Surname:..... Forename:..... D.O.B. ....

Address ..... Family GP .....

.....

.....

Post Code: ..... Post Code: .....

Home Tel: ..... Telephone: .....

Mobile: .....

Have you ever had a diving medical before this one? ..... YES/NO

In which year did you start diving? .....

With which agency are you receiving diver training? .....

Which grade of diving qualification do you hold? .....

What is the greatest depth to which you have dived? .....

Approximately how many dives have you ever performed? .....

Have you ever dived professionally? ..... YES/NO

Have you ever been involved in a diving accident? ..... YES/NO

If yes give details:

.....

.....

Have you ever been admitted to hospital? ..... YES/NO

If yes give details:

.....

.....

Are you regularly taking any drugs or medicines etc. ..... YES/NO

If yes give details:

.....

.....

Do you smoke? ..... YES/NO

Have you ever had a serious head injury? .....	YES/NO	Have you ever suffered from any of the following?	
Are you diabetic? .....	YES/NO	(a) Ear or sinus trouble .....	YES/NO
Have you ever had any form of decompression illness? .....	YES/NO	(b) Chest disease including asthma ....	YES/NO
Do you have a family history of heart disease or high blood pressure? .....	YES/NO	(c) Attacks of giddiness or fainting .....	YES/NO
Have you ever failed a diving medical? ..	YES/NO	(d) Blackouts or convulsions .....	YES/NO
		(e) Heart disease or blood pressure ....	YES/NO
		Do you know of any medical reason why You should not dive	YES/NO

If you answer yes to any of the above, give details:

.....

.....

I declare that to the best of my knowledge, I am in good health and 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: .....

# Llantrisant Sub-Aqua Club - Divers Medical Examination

Please complete this form in BLOCK CAPITALS and in ink. \* only to be performed if considered necessary

Height:.....in/cm Weight:..... Kg/lbs Male/Female

## Ear, Nose & Throat

External meati normal? ..... YES/NO Free of URTI? ..... YES/NO  
Ear drums normal? ..... YES/NO Teeth healthy? ..... YES/NO  
Eustachian function normal? ..... YES/NO Gums healthy? ..... YES/NO  
Nasal airways normal? ..... YES/NO Are dentures worn? ..... YES/NO  
Sinuses normal? ..... YES/NO

## Lungs

Clinically normal? ..... YES/NO Peak flow rate ..... Litres/min  
\*Chest X Ray normal? ..... YES/NO \*Spirometry FEV1% ..... Litres  
FVC ..... %

## Heart and Circulation

Pulse rate at rest ..... Blood pressure .....  
Heart size normal? ..... YES/NO Peripheral pulses normal? ..... YES/NO  
Heart sounds normal? ..... YES/NO Leg veins normal? ..... YES/NO  
Are there heart murmurs?..... YES/NO \*Electrocardiogram normal? ..... YES/NO

## Abdomen

Normal on palpation? ..... YES/NO Any herniae? ..... YES/NO  
Urine free of abnormal constituents? ... YES/NO

## Skeleton

Any abnormality? ..... YES/NO If yes, is it compatible with diving? ..... YES/NO

## Central Nervous System

Cranial nerves normal? ..... YES/NO Colour vision normal? ..... YES/NO  
Tendon reflexes normal? ..... YES/NO  
Motor function normal? ..... YES/NO Visual acuity left .....  
Sensory function normal? ..... YES/NO right .....  
Vestibular function normal? ..... YES/NO

## Females Only

Is she now pregnant? ..... YES/NO Genito-urinary function normal? ..... YES/NO

**Opinions** - Delete as appropriate and add any comments below.

- 1 The candidate is/is not free of physical defect or disease.
- 2 The defect or disease is/is not compatible with safe sport diving.
- 3 The candidate is/is not fit to dive for sport.
- 4 The candidate is fit to dive with/without limitations.
- 5 The candidate should be referred to an SAA medical referee.
- 6 The fitness specified in 3 and 4 is valid for ONE/TWO/THREE years.

## Comments:

Subject to agreement between the examiner and the candidate, this examination record or a copy of it may be sent to an SAA medical advisor for safe keeping.

Date of examination ..... Examiner's signature & stamp .....