

## UCSC DIVING MEDICAL EXAM PACKET

This packet consists of the following sections:

- Section 1— Medical Exam Overview for divers and instructions for clearance process
- Section 2— Diving Medical History Form (Applicant completes)
- Section 3— Information for examining clinicians, including List of Possible Contraindications to Diving
- Section 4— Physical Examination Form (Clinician completes)
- Section 5— Diving Medical Evaluation (2-sided form for results of exam)

### Section 1 - Medical Exam Overview for Divers and Instructions for Clearance

Diving makes considerable demands on your physical and emotional condition. Diving in the presence of certain medical conditions may pose grave risks not only to yourself, but to anyone coming to your aid if you get into difficulty in the water. Therefore, it is prudent to meet certain medical and physical requirements before beginning a diving or training program. **Verification of physical fitness for diving must be on file in the UCSC Diving Safety Office BEFORE you can participate in any UCSC diving programs.**

UCSC Student Health Services conducts a medical surveillance program for UCSC divers. Medical clearance is required before approval for diving is given. All aspects of evaluation and testing are conducted under the supervision of the Medical Director. Final decisions for medical clearance are made by the UCSC Medical Director or designee. Fees apply for the physical and laboratory tests, even if you are determined to be unfit to dive. The following table summarizes the requirements for clearance for all diving classes.

All Divers Under Age 40 Initial & Periodic Re-Exam every 5 years	All Divers Over Age 40 Initial Exam	All Divers Over Age 40 Periodic Re-Exam every 3 years (every 2 years if over age 60)
Medical History	Medical History	Medical History
Complete Physical Exam, emphasis on neurological and otological components	Complete Physical Exam, emphasis on neurological and otological components	Complete Physical Exam, emphasis on neurological and otological components
Urine Dip	Urine Dip	Urine Dip
	Resting EKG	Resting EKG
	Chest X-ray	
	Detailed assessment of coronary artery disease risk factors using Multiple-Risk-Factor Assessment (age, family history, lipid profile, blood pressure, diabetic screening, smoking history). Further cardiac screening may be indicated based on risk-factor assessment	Detailed assessment of coronary artery disease risk factors using Multiple-Risk-Factor Assessment (age, family history, lipid profile, blood pressure, diabetic screening, smoking history). Further cardiac screening may be indicated based on risk-factor assessment
Any further tests deemed necessary by the clinician	Any further tests deemed necessary by the clinician	Any further tests deemed necessary by the clinician

The process of a diving physical may take several visits to the Student Health Center. You are responsible for knowing which specific medical tests are required for your physical. **Please fill out the “Diving Medical History” form before your medical appointment and give it to the clinician at the time of the physical exam, along with the other forms in this packet.**

If a diver wishes their personal clinician to supply information and test results pertaining to their health status, this information will be reviewed by a UCSC Clinician. Medical evaluations performed by non-UCSC clinicians must be reviewed by the UCSC Medical Director or designee. You may do this by submitting your COMPLETED medical packet to the Student Health Center. There is a fee for the service. After reviewing your packet, if the UCSC Medical Director determines that further evaluation is needed, you will be asked to schedule an appointment.

**If you currently have asthma, have a history of asthma, or a history of childhood asthma, you must:**

- 1) Undergo a spirometry done at a pulmonologist office
- 2) Receive medical clearance from that pulmonologist
- 3) Submit Scuba Medical, Pulmonologist Clearance, and Corresponding Lab work to UCSC Student Health Services for final approval.

**Note:** There may be further tests requested if deemed necessary by the UCSC clinician. After receiving medical clearance from both the pulmonologist and UCSC Student Health Services, you are eligible to participate in all UCSC diving programs and activities, as long as the other requirements have been met.

Once clearance is granted, divers shall submit their signed and completed **Section 5** of the medical clearance, to the diving program instructor **prior** to the start of any SCUBA or breath-hold diving activities. Divers should not turn the entire packet into their diving instructor; turn in section 5 only.

**See next page for specific instructions for completing exam requirements**

## How to Complete Exam Requirements at UCSC Student Health Services

**Step 1. CONTACT THE APPOINTMENT DESK**—Call 831-459-2500 to schedule your appointments.

**The Appointment Assistant will:**

- Set up appointments for your physical exam (and EKG if needed).
- Order your lab work (and chest X-ray if needed).

**Step 2. Get your Lab work (and chest X-ray if needed) done *at least One Week Before* your scheduled physical exam appointment. You must have first had the necessary tests ordered by the Appointment Assistant (see Step 1).**

**See the UCSC Student Health Center website for current Laboratory and Radiology Hours**

*Note: X-Rays will be read by specialists and become part of your medical record.*

**Step 3. Come in for your Physical Exam Appointment.**

- Make sure your lab work (and chest X-ray if needed) were done a *minimum* of 1 week prior.
- Bring **all** of your forms with you. **You must complete** the attached Diving Medical History Form (p. 3 & 4) **before** the physical exam appointment.
- You will see a clinician who will review your test results, conduct your physical exam and evaluate your fitness for diving.
- If you are cleared, **YOU MUST** bring your signed section 5 only of the Medical Evaluation Form to your diving instructor. Do not turn the entire packet into your diving instructor.
- Please remember that if your medical records need to be reviewed or you need to see a specialist, completing your diving physical may take extra time. **Plan Ahead.**

### PHYSICAL BY NON-UCSC CLINICIAN

**If you have your Diving Medical Evaluation completed by a non-UCSC clinician, a UCSC clinician *MUST* review your medical file before diving under UCSC auspices.** You may do this by submitting your completed packet to the Student Health Center. There is a fee for the service. After reviewing your packet, if the UCSC Medical Director determines that further evaluation is needed, you will be asked to schedule an appointment.

- **Your clinician must complete and sign** the “Physical Examination For Diving” (p.8) and “Diving Medical Evaluation” (p. 9 & 10) forms. **You must complete and sign** the “Diving Medical History” (p.3 & 4) and sign (and initial where indicated) the “Diving Medical Evaluation” (p. 9 & 10).
- **You must submit** the above completed and signed forms **and** copies of: your laboratory results, radiologist report (if needed) and EKG results (if needed). **You** are responsible for assuring that these forms and the results of all the testing get to Student Health Services.
- **Please allow at least 7-10 business days to receive your clearance.**

*(Applicant is to complete/sign this form, then give to Clinician performing evaluation. Include with packet for clearance)*

**Section 2 - DIVING MEDICAL HISTORY** to be completed by diver **before** medical exam and reviewed by examining clinician at time of examination. Your answers to the questions in the diving medical history section are, in many instances, more important in determining your fitness than what the clinician may see, hear, or feel when you are examined. Should your answers indicate a condition which might make diving hazardous, you will be asked to review the matter with your clinician. If your clinician concludes that diving would involve undue risk for you, remember that they are concerned only with your well-being and safety. Respect the advice and the intent of this medical history form.

Diver Lived Name \_\_\_\_\_ Diver Legal Name \_\_\_\_\_ Age \_\_\_\_\_

Student or Staff ID \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

<b>Have you ever had:</b>	<b>Y</b>	<b>N</b>	<b>Please Explain all YES answers</b>
1. Convulsions, seizures, epilepsy			
2. Fainting or dizzy spells			
3. Migraines or frequent headaches			
4. Head injury with loss of consciousness			
5. Back pain or history of back injury			
6a. Asthma			
6b. Have you used an asthma inhaler medication in the past 12 months?			
7. Wheezing with exercise or breathing cold air			
8. Chronic cough or frequent bronchitis			
9. Collapsed lung (pneumothorax)			
10. Lung problems or shortness of breath			
11. Abnormal chest X-Ray			
12. Do you smoke?			
13. Allergies, hay fever, nasal congestion			
14. Sinus problems			
15. Perforated ear drum, frequent ear infections, mastoid infections			
16. Trouble clearing ears (equalizing pressure in airplanes or when diving)			
17. Hearing problem			
18. Heart disease or heart condition of any kind, including: abnormal heartbeat or ECG, heart murmur, mitral valve prolapse, congenital heart abnormality, history of heart attack			
19. Chest pain or angina			
20. High blood pressure			
21. Blood disorder or bleeding tendency			
22. Diabetes			

Diver Lived Name \_\_\_\_\_ Diver Legal Name \_\_\_\_\_

Student or Staff ID \_\_\_\_\_

<b>Have you ever had:</b>	<b>Y</b>	<b>N</b>	<b>Please Explain all YES answers</b>
23. Hernia of any kind			
24. Ulcer, stomach problems, or bowel disorder			
25. Nervous disorder, including anxiety, depression, or panic attacks			
26. Claustrophobia			
27. Motion sickness or sea/air sickness			
28. Paralysis			
29. Major surgery			
30. Are you now under doctor's care for any condition?			
31. Are you pregnant?			
32. Do you take medication regularly?			
33. Do you have a history of alcoholism or drug use?			
34. Do you wear glasses or contact lenses?			
35. Do you wear a dental plate or prosthesis?			
36. Have you been rejected or restricted from sports?			
37. Do you have any limiting physical condition or disability?			
38. Do you have a history of decompression sickness?			
39. Do you have a history of any problems relating to diving?			
40. Do you have any medical problems not listed? (please describe)			

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

Diver Signature \_\_\_\_\_ Date \_\_\_\_\_

***SIGNATURE REQUIRED***

Clinician Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 3 - UCSC DIVING MEDICAL EXAM - INFORMATION FOR THE CLINICIAN

TO: Examining Clinician  
 FROM: UC Santa Cruz Diving Safety Program  
 RE: Medical Evaluation for Participation in the UCSC Diving Program

This person requires a medical examination to assess their fitness for training as a UCSC diver. They should have completed a medical history form and should present it to you for review at the time of the examination. To assist you in making this evaluation, this packet includes information regarding potential disqualifying conditions and appropriate references (see reverse side).

The attached “**Diving Medical History**” form is to be completed by you and used with the “**Physical Examination**” form as the basis for completion of the “**Diving Medical Evaluation**” (2-page) form. The basic physical examination must include the laboratory tests and other evaluations listed below (please note age-specific requirements) and all the items on the “**Physical Examination**” form.

A UCSC clinician must then review the diver's medical file including **all** test results and the completed “**Physical Examination**” and “**Diving Medical Evaluation**” forms. After reviewing the results of your evaluation, a UCSC clinician will give the diver final medical clearance to dive under the auspices of UCSC.

Any questions regarding the exam or your diving authorization can be addressed to the UCSC Diving Safety Officer 831.459.5567 phone, or e-mail at [divingsafety@ucsc.edu](mailto:divingsafety@ucsc.edu)

All Divers Under age 40 Initial & Periodic Re-Exam every 5 years	All Divers Over age 40 Initial Exam	All Divers Over age 40 Periodic Re-Exam every 3 years (every 2 years if over age 60)
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Any further tests deemed necessary by the clinician	Any further tests deemed necessary by the clinician	Any further tests deemed necessary by the clinician

## Important information for the clinician evaluating candidates for SCUBA and/or Breath-hold Diving:

SCUBA and other modes of diving can be strenuous and hazardous. A special risk is present if the middle ear, sinuses or lung segments do not readily equalize air pressure changes. The most common cause of distress is eustachian insufficiency. Most fatalities involve deficiencies in prudence, judgment, emotional stability or physical fitness. **Please consult the following list of conditions which usually restrict candidates from diving:**

### CONDITIONS WHICH MAY DISQUALIFY CANDIDATES FROM DIVING

*(Adapted from Bove, 1998: 61 -63, bracketed numbers are pages in Bove)*

1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to auto inflate the middle ears. [5,7,8,9]
2. Vertigo including Meniere's Disease. [13]
3. Stapedectomy or middle ear reconstructive surgery. [11]
4. Recent ocular surgery. [15,18,19]
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression. [20 - 23]
6. Substance abuse, including alcohol. [24-25]
7. Episodic loss of consciousness. [1, 26,27]
8. History of seizure. [27, 28]
9. History of stroke or a fixed neurological deficit. [29,30]
10. Recurring neurologic disorders, including transient ischemic attacks. [29,30]
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage. [31]
12. History of neurological decompression illness with residual deficit. [29,30]
13. Head injury with sequelae. [26, 27]
14. Hematologic disorders including coagulopathies. [41, 42]
15. Evidence of coronary artery disease or high risk for coronary artery disease<sup>1</sup>. [33 - 35]
16. Atrial septal defects. [39]
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying. [38]
18. Significant cardiac rhythm or conduction abnormalities. [36 - 37]
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD). [39, 40]
20. Inadequate exercise tolerance. [34]
21. Severe hypertension. [35]
22. History of spontaneous or traumatic pneumothorax. [45]
23. Asthma. [42 - 44]
24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae or cysts. [45,46]
25. Diabetes mellitus. [46 - 47]
26. Pregnancy. [56]

## SELECTED REFERENCES IN DIVING MEDICINE

*Most of these are available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100, the Divers Alert Network (DAN) or the Undersea and Hyperbaric Medical Association (UHMS), Bethesda, MD.*

- Bove, A.A. 2011. The cardiovascular system and diving risk. *Undersea and Hyperbaric Medicine* 38(4): 261-269.
- Bove, A.A. and Davis, J. 2003. *DIVING MEDICINE*, Fourth Edition. Philadelphia: W.B. Saunders Company.
- Bove, A.A. ed. 1998. *MEDICAL EXAMINATION OF SPORT SCUBA DIVERS*, San Antonio, TX: Medical Seminars, Inc.
- *Diver's Alert Network Articles on Diseases and Conditions*  
<https://dan.org/health-medicine/health-resources/diseases-conditions/>
- *Diving Medical Guidance to the Physician*. Undersea and Hyperbaric Medical Society  
[https://www.uhms.org/images/Recreational-Diving-Medical-Screening-System/forms/Diving\\_Medical\\_Guidance\\_EN\\_English\\_2021-09-16.pdf](https://www.uhms.org/images/Recreational-Diving-Medical-Screening-System/forms/Diving_Medical_Guidance_EN_English_2021-09-16.pdf)
- Douglas, P.S. 2011. Cardiovascular screening in asymptomatic adults: Lessons for the diving world. *Undersea and Hyperbaric Medicine* 38(4): 279-287.
- Edmonds, C., Lowry, C., Pennefather, J. and Walker, R. 2002. *DIVING AND SUBAQUATIC MEDICINE*, Fourth Edition. London: Hodder Arnold Publishers.
- Elliott, D.H. ed. 1996. *Are Asthmatics Fit to Dive?* Kensington, MD: Undersea and Hyperbaric Medical Society.
- Gibbons RJ, et al. 2002. ACC/AHA 2002 Guideline Update for Exercise Testing: Summary Article. A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1997 Exercise Testing Guidelines) *Circulation* Vol 106, Issue 14  
<https://www.ahajournals.org/doi/10.1161/01.CIR.0000034670.06526.15>
- Grundy, S.M., Pasternak, R., Greenland, P., Smith, S., and Fuster, V. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement. *Journal of the American College of Cardiology*, 34: 1348-1359. <http://content.onlinejacc.org/cgi/content/short/34/4/1348>
- Mitchell, S.J., and A.A. Bove. 2011. Medical screening of recreational divers for cardiovascular disease: Consensus discussion at the Divers Alert Network Fatality Workshop. *Undersea and Hyperbaric Medicine* 38(4): 289-296.
- Thompson, P.D. 2011. The cardiovascular risks of diving. *Undersea and Hyperbaric Medicine* 38(4): 271-277.
- NOAA DIVING MANUAL, NOAA. Superintendent of Documents. Washington, DC: U.S. Government Printing Office.
- U.S. NAVY DIVING MANUAL. Superintendent of Documents, Washington, DC: U.S. Government Printing Office, Washington, D.C.

## DIVING MEDICINE CONTACT

UCSC Student Health Services

- <https://healthcenter.ucsc.edu/>
- 831- 459-2211 (non-emergency)

Divers Alert Network

- [www.diversalertnetwork.org](http://www.diversalertnetwork.org)
- 919-684-9111 (Emergency)
- 800-466-2671/919-684-2948 (Non-emergency)

Undersea & Hyperbaric Medical Society

- <https://www.uhms.org/>
- [uhms@uhms.org](mailto:uhms@uhms.org)
- 919-490-5140/877-533-8467

(This Form to be completed, signed and turned in with packet for clearance)

**Section 4 - PHYSICAL EXAMINATION FOR DIVING**

Diver Lived Name: \_\_\_\_\_ Staff or Student ID#: \_\_\_\_\_

Diver Legal Name: \_\_\_\_\_

**VITAL SIGNS**

Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P (seated) \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision: Uncorrected R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Contact Lenses: YES NO

**EXAMINATION**

Check each item, giving details for abnormal findings			
	<i>Normal</i>	<i>Abnormal</i>	<i>Details</i>
1. General Appearance			
2. Skin			
3. Eyes			
4. Ears			
Valsalva			
5. Nose nasal septum, sinuses			
6. Mouth teeth gingivae, pharynx			
7. Neck			
8. Chest and lungs			
9. Breasts			
10. Heart			
11. Abdomen			
12. Hernia (unrepaired)			
13. Back and Spine			
14. Joints and extremities			
15. Operative scars deformities			
16. Neuromuscular			
17. Neuropsychiatric			

<b>TESTS</b>	<i>Date Performed</i>	<i>Normal</i>	<i>Abnormal</i>	<i>Details</i>
Vision				
Urine Dip				
EKG*				
Chest X-ray**				

\*Required for divers over age 40 \*\*Required for initial exam only for divers over age 40

**Clinician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



(This form to be completed and signed by both clinician and applicant)

## Section 5 - DIVING MEDICAL EVALUATION

Diver Lived Name \_\_\_\_\_ Staff or Student ID#: \_\_\_\_\_

Diver Legal Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### TO THE CLINICIAN:

This person requires a medical examination to assess their fitness for certification as a diver. They have completed a medical history form and should present it to you at the time of the examination. Because diving requires heavy exertion, the diver must be free of cardiovascular and respiratory disease. An absolute requirement is the ability of the lungs, middle ear, and sinus to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant. There is a noticeable difference between recreational diving and scientific diving in that the scientific diver may feel obligated to dive due to deadlines and/or sampling regimes despite a possible current health problem whether physical or emotional. Special attention needs to be paid to their health prior to certifying them as scientific divers. The basic physical examination must include the laboratory tests listed below (please note level of training and age qualifications).

**Your initials next to the specific lab tests are to confirm that the specified additional testing and lab work have been performed. Your evaluation and signature are requested on the back of this *DIVING MEDICAL EVALUATION* and will indicate that this person has passed a basic physical exam, the required lab tests, and that no indications of conditions exist that preclude the applicant from diving (see enclosed "*Probable Contraindications to SCUBA Diving*").**

A UCSC clinician must review the diver's medical file and give the final clearance to dive. The test results and UCSC Diving Medical Evaluation Form should either be given to the diver or sent to: Student Health Services - Attn: HIM, University of California Santa Cruz, 1156 High Street, Santa Cruz, CA 95064. Any questions regarding the exam can be addressed to the UCSC Diving Safety Officer, (831) 459-5567, or [divingsafety@ucsc.edu](mailto:divingsafety@ucsc.edu)

The following reference is a useful guide to physical examinations of divers:  
Medical Examination of Sport SCUBA Divers, edited by A. Bove, M.D. Third edition, Medical Seminars, Inc., Texas.

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### Laboratory Requirements for UCSC Diving Medical Examination:

#### *Clinician please initial tests completed (required)*

<b>Initial and Periodic Re-Exam (every 5 years) for divers UNDER 40</b>			
Medical History	_____	Urine Dip	_____
<i>Any further tests deemed necessary by the clinician to qualify the patient for diving.</i>			
<b>Initial Exam for divers OVER 40</b>			
Medical History	_____	Urine Dip	_____
Chest X-ray	=====	Resting EKG	=====
<i>Detailed assessment of coronary artery disease risk factors and any further tests deemed necessary by the clinician to qualify the patient for diving.</i>			
<b>Periodic Re-Exam (every 3 years) for divers OVER 40 (every 2 years if over 60)</b>			
Medical History	_____	Urine Dip	_____
Resting EKG	=====		
<i>Detailed assessment of coronary artery disease risk factors and any further tests deemed necessary by the clinician to qualify the patient for diving.</i>			

**DIVING MEDICAL EVALUATION—to be signed by Clinician and Applicant**

Diver Lived Name \_\_\_\_\_ Staff or Student ID# \_\_\_\_\_

Diver Legal Name \_\_\_\_\_ Date \_\_\_\_\_

**MANDATORY—PLEASE Check ONE ONLY:**

**APPROVAL:** No medical contraindications to diving are present.

**APPROVAL WITH QUALIFICATIONS:** Evaluation indicates the presence of findings which, while not expected to seriously interfere with the applicant’s ability to dive at this time, might under some circumstances present increased risk or possible relative contraindication to diving. This type of approval is also indicated in the presence of conditions that have required clearance by appropriate specialists to evaluate fitness to dive. These findings and instructions regarding them have been explained to the patient and are noted below (see REMARKS).

**DISAPPROVAL:** The applicant has medical condition(s) which pose unacceptable risk to health and safety in diving. These findings have been explained to the applicant and are noted below (see REMARKS).

**REMARKS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mandatory to be completed by Non-UCSC Clinician:**

***ALL FIELDS ARE REQUIRED***

\_\_\_\_\_  
Signature of non-UCSC clinician

\_\_\_\_\_  
(Print) Name of non-UCSC examining clinician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

My familiarity with the applicant is:

With this exam only       Regular clinician for \_\_\_\_ years

Other (describe) \_\_\_\_\_

My familiarity with diving medicine: \_\_\_\_\_

**To be completed by reviewing UCSC Clinician:**

\_\_\_\_\_  
Signature of UCSC clinician

\_\_\_\_\_  
Print name of UCSC clinician

\_\_\_\_\_  
Date

**Mandatory signature of Applicant:** The clinician has reviewed the results of my examination and has fully explained possible health risks associated with my diving activities. I have been given the opportunity to ask questions to my satisfaction. I authorize the release of this information and all medical information subsequently acquired in association with my diving activities to the UCSC Diving Officer and Diving Control Board or their designee at UCSC.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_