

# Cedar Valley Underwater Rescue Unit

## TO THE PHYSICIAN:

This person is an applicant for active dive status with self-contained underwater breathing apparatus (SCUBA). This activity puts unusual stress on the diver both physically and emotionally. Your opinion of his/her medical and emotional fitness is desired. As a guide to fitness, the following are pertinent: (1) Ability to undergo heavy exertion and strenuous activity. (2) Freedom from cardiovascular and respiratory disease. (3) Influence of exertion if diabetes exists. (4) Ability of middle ears and sinuses to equalize changes in pressure (an unobstructed airway is desirable - the presence of otitis or sinusitis is a contra-indication to diving, a perforated eardrum rules out diving). (5) Neurologic disease, epilepsy or frequent attacks of syncope are contra-indications. (6) Psychiatric; the presence of claustrophobia, emotional instability, reckless attitudes or a tendency to panic easily are contra-indications. (7) Special attention should be paid to the obese and to those past 40. An ECG is desirable for those over 40.

## MEDICAL EXAMINATION REPORT FOR SCUBA DIVING:

Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ P \_\_\_\_\_ Resp \_\_\_\_\_

**Note to Physician:** This document is kept in the applicant's personnel file. For privacy reasons you are not required to record your findings for sections A, B or C unless the above named individual releases said information by signing below.

**You must however check the appropriate box in section D.**

I, \_\_\_\_\_ Date \_\_\_\_\_ release the following medical information to the Cedar Valley Underwater Rescue Unit to be placed in my personnel file.

### **Section A - Medical History:**

1. Past History \_\_\_\_\_
2. Present History \_\_\_\_\_

### **Section B - Examination:**

1. General Appearance \_\_\_\_\_
2. Head & Neck \_\_\_\_\_
3. Eyes (acuity) \_\_\_\_\_
4. Ears \_\_\_\_\_
5. Nose & Sinuses \_\_\_\_\_
6. Back \_\_\_\_\_
7. Thorax & Lungs \_\_\_\_\_
8. Heart \_\_\_\_\_
9. Abdomen \_\_\_\_\_
10. Inguinal \_\_\_\_\_
11. Extremities \_\_\_\_\_
12. Neurologic/Psychiatric \_\_\_\_\_

### **Section C - Lab/X-ray/ECG:** At physician's discretion

1. Urinalysis \_\_\_\_\_
2. CBC \_\_\_\_\_
3. Chemistry \_\_\_\_\_
4. Serology \_\_\_\_\_
5. Chest X-ray \_\_\_\_\_
6. ECG \_\_\_\_\_
7. Other Tests \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Section D - Physician Must Check One of The Following:**

- I approve this individual for Search and Rescue Diving
- Conditional approval (I do not consider diving to be in this person's best interest but find no conditions which present a marked risk).
- Disapproval (conditions are present which would present unacceptable hazards to this person's health and safety by engaging in Search and Rescue Diving).

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_