



# Santa Barbara City College

## MARINE TECHNOLOGY DEPARTMENT

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Internet: www.sbcc.edu/academic/mdt

### For College Use Only

- Date Rec'd \_\_\_\_\_
- SBCC App. \_\_\_\_\_
- C-Card \_\_\_\_\_
- Med. Hist. \_\_\_\_\_
- Waivers \_\_\_\_\_
- App. Fee \_\_\_\_\_
- MDT-101 \_\_\_\_\_
- ACDE Phys. \_\_\_\_\_

## APPLICATION FOR DIVING/HYPERBARIC EXPOSURE

Semester starting date  Fall Semester \_\_\_\_\_ Year  Spring Semester \_\_\_\_\_ Year

Have you previously attended or are you currently enrolled at SBCC?  Yes  No

**(\$50.00 application fee must accompany this application. Enclose check or money order payable SBCC/MDT Dept.)  
ALL SECTIONS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

### PERSONAL

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Initial Mo. Day Yr.

Present Address \_\_\_\_\_  
Street Address City State Zip

Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ FAX # ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

### DIVING EXPERIENCE: Attach photocopies of any prior diving certifications to this application

SCUBA QUALIFIED YES  NO  . If Yes, CERTIFYING AGENCY: \_\_\_\_\_  
CERTIFICATION DATE: \_\_\_\_\_

**(NOTE: BASIC SCUBA DIVING CERTIFICATION IS REQUIRED PRIOR TO APPLICATION BEING FINALIZED.)**

### STATEMENT OF UNDERSTANDING/TERMS AND CONDITIONS

- Attached with this application is my fifty-dollar application fee, which I understand, is non-refundable (unless denied).
- The Applicant has the right to cancel the Application for Diving/Hyperbaric Exposure and be refunded the entire amount of the Application Fee within ten (10) days of submitting the application fee. Submit cancellation requests in writing.

My signature below constitutes a release to Santa Barbara City College, as their property, all photos taken by the College in which I may appear. I certify that the information I have furnished on this application form is complete and accurate to the best of my knowledge and belief. False information may be grounds for dismissal. I have read and understand the Contraindications to Diving as outlined in the Medical History section of this application. I understand that certain medical information revealed by me in the Medical History section of this application may require further evaluation by a licensed physician at the sole discretion of Santa Barbara City College before acceptance is finalized. I also hereby agree to adhere to SBCC "Standards of Student Conduct", SBCC campus policies and the rules, regulations and safety procedures outlined by the Marine Technology Dept. I understand that my application is for consideration and does not guarantee acceptance for diving or hyperbaric exposure. Applications with outstanding items are "incomplete" until all items are completed.

### The application process includes:

- Completion of this Application for Diving/Hyperbaric Exposure and Medical History section of this form.
- Complete the Santa Barbara City College Application (separate from this application- available at www.sbcc.edu).
- Provide proof of diving certification from a nationally recognized agency.
- 

### Once the above steps have been completed and prior to the start of training:

- Register for and attend MDT 101, department orientation, typically scheduled one week prior to semester start date. (call 805-965-0581 ext. 2426 for info.)
- Agree in writing to College Waiver and Releases for diving (completed at the time of orientation)



Santa Barbara City College
MARINE TECHNOLOGY PROGRAM

MEDICAL HISTORY FORM

PLEASE PRINT OR TYPE

NAME
ADDRESS
CITY STATE/PROVINCE ZIP
PHONE ( ) FAX ( ) E-MAIL

MEDICAL HISTORY STATEMENT: I understand that skin, scuba diving, tethered diving, heavy gear diving, recompression chamber diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ear and sinus, are essential prerequisites for my safety and well being.

Write Y (yes) or N (no) next to all of the following, and explain under remarks, any yes answers.

- Behavioral health problems
Claustrophobia
Agoraphobia
Migraine Headaches
Epilepsy
Ear or hearing problem
Trouble equalizing pressure
Sinus Trouble
Severe hay fever
Heart Trouble
High Blood Pressure
Angina
Heart Surgery
Motion Sickness
Bronchitis
Tuberculosis
Respiratory Problems
Back Problems
Back/spinal surgery
Diabetes
Ulcers
Colostomy
Hernia
Dizziness or fainting
Recent Surgery
Hospitalized
Pregnant
Glasses or contact lenses
Dental Plates
Physical Disability
Serious Injury
Over 40 years old
Hepatitis
HIV positive
Regular Medication
Drug Allergies
Alcohol or Drug Abuse
Medically rejected from any activity
Any Medical condition not listed
Asthma

Remarks:

List all medications you are presently taking:

I certify that the above information is correct to the best of my knowledge.

SIGNATURE OF PARTICIPANT DATE:

If at any time during your dive training your medical condition changes, notify your instructor immediately and complete a new Medical History Form for inclusion in your file.

SIGNATURE OF PARENT/GUARDIAN DATE:

(if participant is under 18 years of age, and by their signature they, on my behalf release all claims that both they and I have.)

SIGNATURE OF WITNESS DATE:

WITNESS NAME (PRINT)

MEDICAL HISTORY REAFFIRMATION- I certify that the above information is still correct to the best of my knowledge.

SIGNATURE OF PARTICIPANT DATE:

SIGNATURE OF WITNESS DATE:

WITNESS NAME (PRINT)



## CONTRAINDICATIONS TO DIVING

This list of relative and absolute contraindications is not all inclusive. Contraindications that are absolute permanently place the diver and his diving partners at increased risk for injury or death. Relative contraindications to scuba may be resolved with time and proper medical intervention or may be intermittent. A bibliography is included to aid in clarifying issues that arise. The Divers Alert Network (DAN) physicians are available for consultation by phone (919) 684-2948 during normal business hours. For diving related emergencies call, DAN at (919) 684-8111 24 hours, 7 days a week.

### OTOLARYNGOLOGICAL

#### Relative Contraindications:

- History of...
  - significant cold injury to pinna
  - TM perforation
  - tympanoplasty
  - mastoidectomy
  - mid-face fracture
  - head and/or neck therapeutic radiation
  - temporomandibular joint dysfunction
- Recurrent otitis externa
- Significant obstruction of the external auditory canal
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- Significant conductive or sensorineural hearing impairment
- Facial nerve paralysis not associated with barotrauma
- Full prosthodontic devices
- Unhealed oral surgery sites

#### Absolute Contraindications:

- History of...
    - stapedectomy
    - ossicular chain surgery
    - inner ear surgery
    - round window rupture
    - vestibular decompression sickness
  - Monomeric TM
  - Open TM perforation
  - Tube myringotomy
  - Facial nerve paralysis secondary to barotrauma
- 
- Inner ear disease other than presbycusis
  - Uncorrected upper airway obstruction
  - Laryngectomy or status post partial laryngectomy
  - Tracheostomy
  - Uncorrected laryngocele

### NEUROLOGICAL

#### Relative Contraindications:

- History of...
  - head injury with sequelae other than seizure
  - spinal cord or brain injury without residual neurologic deficit
  - cerebral gas embolism without residual,

pulmonary air trapping has been excluded

- Migraine headaches whose symptoms or severity impair motor or cognitive function
  - Herniated nucleus pulposus
  - Peripheral neuropathy
  - Trigeminal neuralgia
  - Cerebral palsy in the absence of seizure activity
- Absolute Contraindications:

- History of...
  - seizures other than childhood febrile seizures
  - TIA or CVA
  - spinal cord injury, disease or surgery with residual sequelae
  - Type II (serious and/or central nervous system) decompression sickness with permanent neurologic deficit
- Intracranial tumor or aneurysm

### CARDIOVASCULAR

#### Relative Contraindications:

The suggested minimum criteria for stress testing is 13 METS.

- History of...
    - CABG or PCTA for CAD
    - myocardial infarction
    - dysrhythmia requiring medication for suppression
  - Hypertension
  - Valvular regurgitation
  - Asymptomatic mitral valve prolapse
  - Pacemakers-Note: Pacemakers must be depth certified by the manufacturer to at least 130 feet (40 meters) of sea water.
- Absolute Contraindications:
- Asymmetric septal hypertrophy and valvular stenosis
  - Congestive heart failure

### PULMONARY

Asthma (reactive airway disease), COPD cystic or cavitating lung diseases all may lead to air trapping.

#### Relative Contraindications:

- History of...
    - prior asthma or reactive airway disease (RAD)\*
    - exercise/cold induced bronchospasm (EIB)
    - solid, cystic or cavitating lesion
  - Pneumothorax secondary to: thoracic surgery \*, trauma or pleural penetration\*, previous over inflation injury\*
  - Restrictive Disease\*\*
- (\*Air Trapping must be excluded)  
(\*\*Exercise Testing necessary)

#### Absolute Contraindications:

- History of spontaneous pneumothorax
- Active RAD (asthma), EIB, COPD or history of the same with abnormal PFS or positive challenge
- Restrictive diseases with exercise impairment

### GASTROINTESTINAL

#### Relative Contraindications:

- Peptic ulcer disease
- Inflammatory bowel disease

- Malabsorption states
- Functional bowel disorders
- Post gastrectomy dumping syndrome
- Paraesophageal or hiatal hernia

**Absolute Contraindications:**

- High grade gastric outlet obstruction
- Chronic or recurrent small bowel obstruction
- Entero-cutaneous fistulae that do not drain freely
- Esophageal diverticula
- Severe gastroesophageal reflux
- Achalasia
- Unrepaired hernias of the abdominal wall potentially containing bowel

**METABOLIC AND ENDOCRINOLOGICAL**

**Relative Contraindications:**

- Hormonal excess or deficiency
- Obesity
- Renal insufficiency

**Absolute Contraindications:**

- Diabetics on Insulin therapy or oral anti-hypoglycemia medication

**PREGNANCY**

**Absolute Contraindications:**

Venous gas emboli formed during decompression may result in fetal malformations. Diving is absolutely contraindicated during any state of pregnancy.

**HEMATOLOGICAL**

**Relative Contraindications:**

- Sickle cell trait
- Acute anemia

**Absolute Contraindications:**

- Sickle cell disease
- Polycythemia
- Leukemia

**ORTHOPEDIC**

**Relative Contraindications:**

- Chronic Back Pain
- Amputation
- Scoliosis - assess impact on pulmonary function
- Aseptic osteonecrosis

**BEHAVIORAL HEALTH**

**Relative Contraindications:**

- History of
  - drug or alcohol abuse
  - previous psychotic episodes
- Developmental delay

**Absolute Contraindications:**

- History of panic disorder
- Inappropriate motivation for scuba training
- Claustrophobia and agoraphobia
- Active psychosis or while receiving psychotropic medications
- Drug or alcohol abuse

**BIBLIOGRAPHY**

The Physiology and Medicine of Diving, 4th edition, 1993; Diving and Subaquatic Medicine, 3rd edition 1994; Diving Physiology in Plain English, 2nd edition, 1997

**NOTICE OF PHYSICAL EXAM REQUIREMENTS** – All trainees who desire to participate in diving are required to complete and submit the SBCC DIVING PHYSICIAN'S EXAMINATION REPORT FORM as required by the Association of Commercial Diving Educators for training and subsequent qualification/certification as a Commercial Diver in accordance with ANSI/ACDE-01-1998 Commercial Diver Training Minimum Standard – and the Association of Diving Contractors (ADC). Trainees must have a qualified licensed physician's clearance to dive prior to beginning any water training. The examination is valid for one year from the date of completion and is accepted by most employers. This examination is required for diving and hyperbaric classes. It is required for all student divers to have a current annual physical examination attesting to their fitness to dive. All divers are required to have a current **MEDICAL HISTORY FORM** on file with the Department (part of the Department Application for Diving and Hyperbaric Exposure), which documents that the Participants are free from medical contraindications to diving.

**NOTICE OF SUBSTANCE ABUSE POLICY** – Santa Barbara City College and the Marine Technology Department is committed to maintaining a safe, healthy work and training environment and is dedicated to providing a drug and alcohol-free workplace. Safety is of paramount importance to our program. The Marine Technology department's substance abuse and prevention policy incorporates provisions for illicit drug testing. *An industry standard drug screen is a required part of the SBCC DIVING PHYSICIAN'S EXAMINATION REPORT FORM* in accordance with industry protocol.

The goals and objectives of maintaining safety in drug-free work environments are attainable through cooperation at every level and by explicitly and forcefully prohibiting the use, manufacture, distribution, dispensation, and possession of illicit drugs, drug paraphernalia, and alcohol at all our training locations and diving operations under the auspices of the Marine Technology Department.

Acceptance of this application by SBCC is at the sole discretion of the Marine Technology Department. If denied, the applicant's application fee will be refunded.

Upon acceptance by the Marine Technology Department, this Application for Diving/Hyperbaric Exposure becomes an agreement whereby the following terms and conditions are understood and agreed to by Santa Barbara City College and each party signing this Agreement.

**DIVER/TECHNICIAN RESPONSIBILITY** – Diving and technician training requires a substantial academic and physical commitment on behalf of the student. Professional conduct and attitude are expected at all times in order to promote a safer training and learning environment for all concerned. The student agrees to attend classes regularly, keep a current address and phone number and diving physical exam on file, and abide by the rules and regulations of the Marine Technology Department and SBCC. It is further understood that failure by the student to **attend classes regularly, or to abide by the rules and regulations of the Department and College, as stated in its catalog, or as otherwise prescribed by the Marine Technology Department or SBCC**, now or in the future, verbally or in written form, may result in immediate suspension or termination from the program or College at the discretion of the Marine Technology Department and/or SBCC.

**REQUIRED EQUIPMENT** – Full ¼" or 6.5 mm neoprene wetsuit for California open ocean diving including hood, gloves, booties, face mask, fins, snorkel, adjustable weight belt with weight keepers and soft or coated lead. (Integrated BC's are acceptable for use outside of pool training) SCUBA regulator assembly with submersible pressure gauge, depth gauge, compass and octopus regulator, buoyancy compensator with tank mount, underwater timing device/watch or bottom timer, diving knife and sheath, underwater slate, octopus keeper.

**I understand that it is my responsibility to fully complete the application process to be considered for acceptance.**

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

Approved By:

\_\_\_\_\_  
SBCC Marine Technology Department Date

### EMERGENCY CONTACT INFORMATION

Provide full name and current address of two person(s) to contact in the event of an emergency:

\_\_\_\_\_  
Name Street Address City State Zip Phone No Relationship

\_\_\_\_\_  
Name Street Address City State Zip Phone No Relationship