



SANTA BARBARA CITY COLLEGE
MARINE DIVING TECHNOLOGY
 721 Cliff Drive • Santa Barbara, CA • USA • 93109
 Phone: (805) 965-0581, ext. 2426 Fax: (805) 560-6059
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 Internet: http://www.sbcc.net/academic/mdt

COMMERCIAL DIVING- PHYSICIAN'S EXAMINATION REPORT

Applicant's Name	Address
Age	Telephone Number
	City
	State
	Zip

TO THE PHYSICIAN:

This applicant has applied for admission to the Marine Technology Program at Santa Barbara City College for training in commercial diving as a topside diving team member and as a diver. The applicant should complete the Commercial Diving Medical History Form prior to the exam.

All candidate diving personnel must undergo a thorough physical examination prior to being exposed to hyperbaric conditions. Subsequent to the initial examination, all diving personnel are required to be re-examined at 12-month intervals.

The examining physician should interpret any physical findings on the basis of the kind of occupation to which the applicant aspires. For example, a position as an air diver requires a less extensive examination than does a position as a saturation diver, but more extensive than that required for topside personnel. With this as a frame of reference, the applicant's cardio-vascular, gastro-intestinal, genito-urinary and neuro-muscular systems should be assessed to determine if the physical exertion necessitated by the type of diving planned will be harmful to the organ system in question, and if the condition of any organ system would make it difficult or impossible for the prospective diver to carry out the planned exercise or exertion.

OPTIONAL TESTS: Additional laboratory procedures may be employed at the discretion of the examining physician depending upon the strenuousness of the anticipated diving operations. These may include: Stress electro-cardiography, tests demonstrating sensitivity to oxygen and carotid sinus sensitivities, full chest film, pulmonary function tests (i.e., one-second times vital capacity and tests for air trapping), audiogram, radiographic examination for dysbaric osteonecrosis, special blood studies and electro-encephalography.

PHYSICIAN QUALIFICATIONS: The examining physician must be familiar with and experienced in the physical requirements and medical aspects of compressed gas diving. In the absence of an examiner with knowledge of hyperbaric medicine, examinations should be made by a physician who understands the need and purpose of the examination, and who has had prior experience in examining individuals who will be exposed to strenuous work conditions and hazardous environments. The "Association of Diving Contractors Consensus Standards for Commercial Diving Operations" section III-B provides examination standards which may be used as a basis for completing the examination. **All completed physical examinations will be forwarded by the SBCC Marine Technology Department or to the department's Medical Review Officer for review, prior to final approval.**

EXAMINATION: (To be completed in its entirety by the Physician- Please examine each of the items below. If considered abnormal indicate under "remarks" the pertinent details.)

- | | |
|--|---|
| Blood Pressure: Systolic _____
Blood Pressure: Diastolic _____
Pulse: Resting _____ 2 min. postexercise _____

1. General Appearance _____
(inc. obesity, gross defects, postural abnorm.) _____
2. Head and neck _____
3. Eyes (inc. visual acuity for glasses)..... _____
4. Nose and sinuses..... _____
5. Ears _____
(inc. visual acuity, need for glasses Rx) _____
6. Spine _____
7. Lungs and chest _____
8. Heart _____
9. Abdomen & Viscera _____ | 10. Inguinal rings _____
11. Genitalia _____
12. Anus and rectum _____
13. Upper extremities _____
14. Lower extremities..... _____
15. Neurologic..... _____
16. Skin reactions or eruptions..... _____
17. Psychiatric (inc. emotional stability) _____
18. Chest X-Ray _____
19. Eye grounds exam _____
20. Mouth and throat _____
21. Vital Capacity..... _____
22. C.B.C.- (attach report) _____
23. U/A- (attach report) _____
24. Drug screening (attach report) _____ |
|--|---|

CONTRAINDICATIONS

ABSOLUTE DISQUALIFICATION. Contraindications include:

1. Definite emotional instability or mental retardation
2. Subject to faintness or blackout (i.e., epilepsy, brittle diabetes, dysrhythmias, synocopal attacks)
3. Subject to pneumothorax (i.e., previous pneumothorax, bleb, cystic or obstructive disease of the lungs)
4. Certain cardiac abnormalities (i.e., pathological heart block, valvular disease, interventricular septal defects)
5. Active asthma
6. Diabetes
7. Abnormal findings on drug screening

RELATIVE DISQUALIFICATION. Contraindications include:

1. Gross obesity
2. History of neurological decompression sickness
3. Perforation of tympanic membrane
4. Grossly impaired hearing – A hearing loss of either ear of 35 dB or more, at frequencies up to 3000 Hz and 50 dB or more, at frequencies above 3000 Hz to minimum of 6000 Hz is an indication for referral of the candidate to a specialists for further opinion.
5. History of severe motion sickness
6. Seriously impaired pulmonary function
7. Pulmonary fibrosis
8. Chronic alcoholism
9. Peptic ulcer
10. Chronic hepatitis
11. Sickle cell anemia
12. Disabilities requiring certain medications for control (proper prescription medications may be a contraindication)
13. Renal colic caused by kidney stones
14. Pregnancy
15. Evidence of neurosis, recklessness, accident proneness or panicky behavior
16. Metal pins, plates or devices implanted in the body
17. Abnormal findings on drug screening. (i.e. testing positive on D.O.T. SAMSHA Panel 5 screen)

TEMPORARY DISQUALIFICATION. Contraindications include:

1. Acute alcoholism or drug intoxication
2. Acute gastrointestinal syndrome
3. Acute infections of skin, upper respiratory, ear, etc.
4. Recent incident of serious decompression sickness

REMARKS: _____

PHYSICIAN'S RECOMMENDATION- check one of the following:

- APPROVAL:** I have thoroughly reviewed the applicant's Medical History form attached herewith. I have thoroughly examined the applicant and attached lab reports as required by this report. I have found no defects which I consider to be incompatible with industrial diving and hyperbaric exposure. **I have found no contraindications to diving .**

- CONDITIONAL APPROVAL:** (No compressed gas dives or chamber runs will be permitted until approval becomes unconditional. State conditional reasons below:)

- DISAPPROVAL:** The applicant has defects which, in my opinion, clearly would constitute unacceptable hazards to health and safety in diving.

Physician's Signature Telephone Date

Physician's Name and Address (Please print)

Physician's Name and Address Stamp (Required. A business card may be stapled in lieu of a stamp)



FOR COLLEGE USE ONLY

We have reviewed the **Commercial Diving Medical History** and **Commercial Diving Physician's Examination Report forms** and find the applicant suitable for training in the Marine Diving Technology Program at SBCC. No contraindications to diving.

Date Office Administrator

Date Diving Control Board/Instructor

Date Diving Safety Officer/Director

Date SBCC/MDT Diving Medical Review Officer



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COMMERCIAL DIVING MEDICAL HISTORY FORM

SPECIAL INSTRUCTIONS:

It is important that this form be **completed fully** using ink. Complete this form front and back, and give to your attending physician at the time he/she examines you. He/she will then complete the **COMMERCIAL DIVING PHYSICIAN'S EXAMINATION REPORT**. Both the completed *Commercial Diving Medical History Form* and *The Commercial Diving Physician's Examination Report* are then submitted to the Marine Technology Department along with the required lab reports attached. **THE COMPLETED PHYSICAL EXAMINATION FORMS ARE REQUIRED PRIOR TO BEGINNING OPENWATER COMMERCIAL DIVING TRAINING AND FOR SUBSEQUENT INDUSTRY CERTIFICATION.** Incomplete examination reports will not be accepted. You may contact the Marine Technology Department for name(s) and addresses of diving physicians in your area.

Name _____ Age _____ Sex _____

Address _____ Telephone _____

Height _____ Weight _____ Date _____

To the Applicant:

PHYSICAL EXAMINATION REQUIREMENTS

Diving requires you to be in top physical condition. The effects of hyperbaric exposure, cold water, pressure, waves, currents, etc., are a constant strain on the body. A thorough commercial diving physical examination is required before you begin openwater commercial diving training, and required to be followed up every twelve months, with emphasis on the following:

EARS – No permanent perforations of the ear drums, no predisposition to external ear infections, open eustachian tubes (ability to equalize pressure differences across to ear drums).

NOSE & THROAT – Applicant should have no history of chronic tonsillitis, colds and/or other throat infections or sinusitis.

RESPIRATORY SYSTEM – Absence of respiratory conditions that result in poor ventilation or in breathing difficulty. History of Asthma may be disqualifying and applicant should be examined by a M.D. who is experienced in Diving Medicine. Additional testing may be necessary for individuals with a history of respiratory ailments.

CIRCULATORY SYSTEM – The heart should be of normal size and location; heart sounds should be normal; circulatory system tone and response to exercise should be normal.

NERVOUS SYSTEM – Reflex response and psychomotor tension should be normal.

SUBSTANCE ABUSE- Use of drugs and/or alcohol abuse are a contraindication to diving and are not permitted by those participating in diving related activities. In addition, to ensure a drug free and safer workplace, random drug testing is part of the MDT department drug policy for all enrolled students. Students will be participating in industrial activities, diving and life-support operations..

PRESCRIPTION DRUG USE- Certain prescription drugs and medications may pose a contraindication to diving. While side affects may be minimal or non-existent in a non-hyperbaric environment, they may pose significant dangers or unknown side affects in a hyperbaric or aquatic environment where gas partial pressures and tissue absorption rates are changing. List all prescription drugs or medications you are using under "Remarks" on the reverse side and disclose them to the physician.

EYES – Eyes should show a normal accommodation to light and distance.

TEETH & MOUTH – Malocclusions or other oral conditions that might prevent a solid comfortable grip on a mouthpiece

BACK/SPINE – Any injury to the back/spine may be disqualifying for certain diving related occupations and applicant should be examined by a M.D. who is experienced in Diving Medicine. Some employment firms give back X-rays as part of their pre-employment physical exam.

Following recovery from operations, serious illnesses, severe colds, etc., a physical examination is required to be taken for clearance to dive or enter a hyperbaric environment.

I fully understand the above requirements. _____

Applicant's Signature

Date

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NAME _____ SOC. SEC. NO _____

1. Have you had any previous diving experience? _____ Have you done any flying? _____ If so, did you often have trouble equalizing pressure in your ears or sinuses? _____ Do you experience unusual discomfort in your ears at the bottom of a swimming pool? _____
2. Do you participate regularly in active sports? _____ If so, specify what sport(s). If not, indicate the type of exercises you normally do. _____
3. Have you ever been refused insurance, rejected or discharged from the armed forces, or denied employment for medical reasons? _____ If so, explain why: _____
4. Have you ever been refused admission, rejected or terminated from any other diving school? _____ If so, explain why: _____
5. When was your last physical examination? Month _____ Year _____
6. When was your last chest X-ray? Month _____ Year _____
7. Have you ever had an electrocardiogram? _____; and electroencephalogram (brain wave study)? _____
8. Do you have a history of asthma? _____ Do you have active asthma at the present time? _____ If you answer "yes" to either question, please describe fully in the "remarks" section below.
9. Do you have a history of back trouble or injury to your back/spine? _____ If so, describe fully in the "remarks" section below.
10. Do you have any metal pins, plates or devices implanted in your body? _____
11. Are you currently using any medications or drugs? _____

ANSWER THE FOLLOWING YES OR NO

HAVE YOU HAD: (If answer is yes, describe fully and in detail showing date in "remarks" section below.)

- | | |
|--|---|
| <ol style="list-style-type: none"> 12. Frequent colds or sore throat..... 13. Hay fever or sinus trouble..... 14. Trouble breathing through nose, other than during colds..... 15. Painful or running ear, mastoid trouble, broken eardrum 16. Shortness of breath after moderate exercise..... 17. Chest pain/persistent cough..... 18. Any indication of blood disease..... 19. Spells of fast, irregular or pounding heartbeat.... 20. High or low blood pressure..... 21. Any kind of heart trouble 22. Frequent upset stomach, heartburn, or indigestion; peptic ulcer 23. Frequent diarrhea or blood in stools..... 24. Stomach or back ache lasting more than a day or two..... 25. Kidney or bladder disease; blood sugar or albumin in urine 26. Recent gain or loss of weight or appetite 27. Jaundice or hepatitis..... 28. Tuberculosis..... 29. Diabetes..... | <ol style="list-style-type: none"> 30. Rheumatic fever..... 31. Syphilis or gonorrhea 32. Broken bone, serious sprain or strain, dislocated joint..... 33. Any indication of bone disease..... 34. Rheumatism, arthritis, or other joint trouble..... 35. Severe/frequent headaches 36. Head injury causing unconsciousness 37. Dizzy spells, fainting spells, or fits..... 38. Trouble sleeping, frequent nightmares, sleep-walking 39. Nervous breakdown or periods of marked nervousness..... 40. Dislike for closed-in spaces, large open places or high places..... 41. Any neurological condition 42. Train/sea/or air sickness 43. Alcoholism, or any drug or narcotic habit (including regular use of sleeping pills; Benzedrine, etc.)..... 44. Any learning disabilities..... 45. Any serious accident, injury or illness not mentioned above. If so, describe.

_____ |
|--|---|

REMARKS: (Use additional sheet, if necessary)

I hereby certify that, to the best of my knowledge, I have answered all questions correctly and that I have disclosed all pertinent data in the "remarks" section to all applicable questions that I have answered "yes." I further understand that if I failed to reveal any of my prior medical history, such omission could have an adverse effect on my application to the Marine Technology program, safety as a diver/trainee and my future employability as a Commercial Diver. Intentional omissions or misrepresentations will disqualify the applicant for acceptance and any subsequent application may be denied.

Applicant's Signature _____

Date _____