



## Commercial Diving Physical Examination

To the Applicant / Student:

Attached are the forms and instructions for a commercial diving physical examination. One of the most important requirements for acceptance as a student in the Professional Certificate in Marine Technology at National University and to become a commercial diver is a thorough physical examination in accordance with Association of Diving Contractors International standards. As a commercial diver, it is a personal responsibility to always have a current physical exam. A current physical exam must have been completed within the last year and there must be no physical maladies which would preclude you from diving or making hyperbaric exposures.

Although the commercial diving physical examination can be done by any licensed physician; it is always best to have the physical examination done by a physician who is trained in diving medicine or hyperbaric medicine. Attached is a list of physicians in Los Angeles and San Diego who are approved to conduct diving examinations.

You must have the physical examination completed including the laboratory testing (which can take several weeks) prior to the beginning of the program. The cost of the examination can vary and supporting laboratory fees can range from \$275 to \$600 dollars or more depending on if the physician finds the need to run additional tests. You are personally required to provide the following forms completed and signed by the doctor:

- The attached National University Polytechnic Institute letter stating that you have passed the physical examination and are cleared for work as a diver and for hyperbaric exposures.
- The attached ADCI form (Medical History and Physical Examination) completed and signed by yourself and the physician.
- A copy of all laboratory tests, x-ray results, and clinical testing completed as part of this physical examination.
- Signed acknowledgement of the NUPI commercial diving drug policy.

Additionally you will be required to complete a drug test at an approved lab and the results forwarded to the university. Attached is a copy of the Drug Policy – you are required to read and sign that you acknowledge the policy. Your physical examination will be reviewed by the senior diving medic and the diving medical officer before you are cleared to dive at the institute.

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To the Physician:

Attached are the forms which need to be completed on the individual who is applying to work in the industry as a commercial diver. The requirements set forth are required by OSHA regulations and The National Association of Commercial Divers, and have been developed in agreement with diving physicians. Please complete the forms – the forms are not intended to be limiting, but are only a check list so no condition which may endanger the individual are over looked. If additional testing is indicated in your professional judgment please feel free to counsel your patient and order any tests indicated to ensure the person is fit for diving and hyperbaric exposure. These individuals potentially will be working off shore in remote locations at sea. Please ensure the individual is also physically capable of such work.

The following recommendations are set forth by the Association of Diving Contractors International and are intended to be used with the *ADCI Medical History/Physical Examination Forms*. They deal with specific aspects of the subject's physical fitness to dive by item number. These standards are offered with what we believe, in most cases, to be the minimum requirements. The use of these standards is intended to be tempered with the good judgment of the examining physician. Where there is doubt about the medical fitness of the subject, the examining physician should seek the further opinion and recommendations of an appropriate specialist in that field. Particular attention must be paid to past medical and diving history. In general, a high standard of physical and mental health is required for diving. Consequently, in addition to excluding major disqualifying medical conditions, examining physicians should identify and give careful consideration to minor, chronic, recurring or temporary mental or physical illnesses which may distract the diver and cause him/her to ignore factors concerned with his own or others safety.

The spectrum of commercial diving includes industrial tasks performed from just below the surface to deep saturation diving. Job descriptions and therefore job-limiting disabilities may vary widely. These standards, in general, apply to all divers. Some consideration must be given to the subject's medical history, work history, age, etc.

There is no minimum or maximum age limit providing all the medical standards can be met. ADCI and OSHA do, however, restrict issue of Commercial Diver Certification Cards to persons 18 years of age or older. Candidates for commercial diving training can be accepted if they will reach their 18<sup>th</sup> birthday by the completion of training.

Serious consideration must be given to the need for all divers to have adequate reserves of pulmonary and cardiovascular fitness for use in an emergency. The lack of these reserves may possibly lead to the termination of a professional diving career. The examining physician should exercise the appropriate professional judgment to determine whether, in particular circumstances, additional testing may be warranted. Disqualification for an inability to meet any of these standards must be determined on a case-by-case basis related only to the specific job functions of the position being applied for, and assuming reasonable accommodations cannot be made.

Upon application by a company or individual, and with concurrence by the examining physician, particular medical circumstances may justify that a variance be granted until the diver's next periodic diving physical. At that time, the permitted variance is to be subject to the examining physician's review and comment. Examining physicians must have a list of the essential job functions (Job Description) to review with each commercial diving physical examination. The examining physician is encouraged to make any recommendations for reasonable accommodations necessary for a person to meet these standards. The numbered items within these standards refer to boxes on the *ADCI Medical History/Physical Examination Form*. These forms are available from the offices of the ADCI and should

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be used by all physicians conducting ADCI Diving Physical Examinations. If any further clarification of this recommended standard is desired please contact National University Polytechnic Institute, **Mr. James Spelich (310) 433-3586** or the Association of Diving Contractors International.

### ADCI Physical Examination Standards

Patient history is recorded on pages 1 and 2 of the form set. Pages 3 and 4 are used to record specific findings during the conduct of the examination. Please complete the cover letter and check the appropriate boxes. All laboratory, x-ray, and clinical test results must be included with the forms.

The following headings refer to and explain the numbered boxes on the **ADCI Physical Examination Form**. A copy of these forms attached to this explanation. Use of these forms ensures quality and consistency throughout the commercial diving industry. These forms may also be obtained from the office of the ADCI.

Block Number	Description	Action / Remarks
#1	Name	Record
#2	Social Security Number. or Passport Number	Record
#3	Height	No set limit
#4	Weight	The weight standards listed below should apply. If a diver exceeds these standards and the cognizant physician feels the increase is due to muscular build and physical fitness, a variance is appropriate. Furthermore, individuals who fall within these weight standards but who present an excess of fatty tissue should be disqualified. *

\* Note: Weight for initial training is most often the reason for an individual to be qualified with restrictions. i.e. must lose weight during training and prior to employment.

The table below is the recommended height weight standards for commercial divers.

Height In (cm)	Max. Weight Lbs. (kg)	Height In (cm)	Max. Weight Lbs. (kg)
64 (162.56)	164 (73.80)	72 (182.88)	205 (92.25)
65 (165.10)	169 (76.05)	73 (185.42)	211 (94.95)
66 (167.64)	174 (78.30)	74 (187.96)	218 (98.10)
67 (170.72)	179 (80.55)	75 (190.50)	224 (100.80)
68 (172.72)	184 (82.80)	76 (193.04)	230 (103.50)
69 (175.56)	189 (85.05)	77 (195.58)	236 (106.20)
70 (177.80)	194 (87.03)	78 (198.12)	242 (108.90)
71 (180.34)	199 (80.55)		

#7	Temperature	The diver should be free of any infection/disease which would cause an abnormal temperature.
#8	Blood Pressure	Ideally the resting blood pressure should not exceed 140/90 mm Hg. In cases of apparent hypertension repeated daily blood pressure determinations should be made before a final decision is made.

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#9	Pulse / rhythm	Persistent tachycardia, marked arrhythmia except of the sinus type, or other significant disturbance of the heart or vascular system should be disqualifying.
#10	Hygiene	Should be good.
#11	Build	Record
#12	Distant Vision	Should have vision corrected to 20/40, O.U. in both eyes.
#13	Near Vision	Uncorrected - J16.
#14	Color Vision	Record.
#15	Field of Vision	Should be normal, with any discrepancies documented.
#16	Contact Lenses	Record if used.
#17	Head, Face, & Scalp	The causes for rejection may be: a) Deformities of the skull in the nature of depressions, exostosis, etc., of a degree which would prevent the individual from wearing required equipment. b) Deformities of the skull of any degree associated with evidence of disease of the brain, spinal cord, or peripheral nerves. c) Loss or congenital absence of the bony substance of the skull.
#18	Neck	The cause for rejection may be: a) Cervical ribs if symptomatic. b) Congenital cysts of bronchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts. c) Fistula, chronic draining, of any type. d) Spastic contraction of the muscles of the neck of a persistent and chronic nature.
#19	Eyes	Active pathology or previous eye surgery may be cause for restriction or rejection. Note any corrective vision surgery also.
#20-24	Ears, Nose, Throat, and Eustachian Tube	The following conditions are disqualifying: acute disease, chronic serious otitis or otitis media, perforation of the tympanic membrane, (#23), any significant nasal or pharyngeal respiratory obstruction, chronic sinusitis if not readily controlled, speech impediments due to organic defects, or inability to equalize pressure due to any cause.
#25	Mouth	a) Candidate should have a high degree of dental fitness; any abnormalities of dentition or malformation of the mandible likely to impair the diver's ability to securely and easily retain any standard equipment mouthpiece should disqualify. b) Removable dentures should not be worn while diving c) Record the date of the most recent dental X-rays. Record the dentist's name and address to enable X-ray location if needed for post-mortem identification.
#26-27	Lungs & Chest (include Breasts)	Pulmonary: congenital and acquired defects which may restrict pulmonary function, cause air entrapment, or affect the ventilation-perfusion balance shall be disqualifying for both initial training and continuation. In general, chronic obstructive or restrictive pulmonary disease of any type shall be disqualifying.

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#28	Heart (thrust, Size, Rhythm, Sounds	Cardiovascular system: there should be no evidence of heart disease. Any arrhythmias must be fully investigated. PFO is disqualifying.
#29	Pulse	Record – Note any abnormal conditions
#30	Vascular	Cardiovascular system: The cardiovascular system shall be without significant abnormality in all respects as determined by physical examination and tests as may be indicated. Persistent tachycardia and arrhythmia except sinus type, evidence of arteriosclerosis (an ophthalmoscopic examination of the retinal vessels shall be included in the examination), severe varicose veins, and marked symptomatic hemorrhoids may be disqualifying.
#31	Abdomen & Viscera	a) Peptic ulceration should be a cause for rejection unless healed and the candidate has been asymptomatic for at least three months without supportive medication. b) Any other chronic gastrointestinal disease (i.e., ulcerative colitis, cholelithiasis) should be cause for rejection.
#32	Hernia	Any significant abdominal herniation should be cause for rejection until satisfactory repair has taken place.
#33	Endocrine System	Any endocrine disorder requiring daily or intermittent medications for control is disqualifying. Diabetes mellitus, either insulin, oral hypoglycemic agent, or diet controlled is disqualifying.
#34	G. U. System (genital-urinary)	a) Venereal disease (STD) will disbar until adequately treated. b) Evidence or history of nephrolithiasis must be fully investigated and treated. c) Evidence or history of urinary dysfunction or retention must be fully investigated and treated.
#35	Upper Extremities	Any impairment of musculoskeletal function should be carefully assessed against the general requirements which would interfere with the individual's performance as a diver.
#36	Lower Extremities	Any impairment of musculoskeletal function should be carefully assessed against the general requirements which would interfere with the individual's performance as a diver.
#37	Feet	Any impairment of musculoskeletal function should be carefully assessed against the general requirements which would interfere with the individual's performance as a diver.
#38	Spine	Any impairment of musculoskeletal function should be carefully assessed against the general requirements which would interfere with the individual's performance as a diver.
#39	Skin-Lymphatic	There should be no active acute or chronic disease of the skin or lymphatic system.
#40	Anus & rectum	Any conditions which interfere with normal function, i.e., stricture, prolapse, severe hemorrhoids, may be disqualifying.
#41	Sphincter tone	Note and record.
#42	Pelvic Exam	Must be within limits. Pregnancy at any stage is disqualifying. Any menstrual disorder manifested by abnormal or prolonged bleeding, as well as excessive pain may be disqualifying.
	Neurological	A full examination of the central and peripheral nervous system

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	Sensorium Exam	should show normal function, but localized minor abnormalities, such as patches of anesthesia, are allowable provided generalized nervous system disease can be excluded. Any history of seizure (apart from childhood febrile convulsions), intracranial surgery, loss of consciousness, severe head injury involving more than momentary unconsciousness or concussion, should be cause for rejection. If the severity of head injury is in doubt, special consultation and studies should be considered.
#43	Cranial Nerves	Examine and record.
#44	Reflexes	Should be normal and free from pathology. Document any abnormalities.
#45	Cerebral Function	Test and record.
#46	Power & Tone of Muscles	Examine and record.
#47	Proprioception Stereognosis	Examine and record.
#48	Nystagmus	Do and record.
#49	Sensations	Test and Record
#50	Romberg	Do and record.
#51	Miscellaneous Remarks & Dermatome Diagram	Record findings and comments.
#52	Urinalysis	Includes color pH, specific gravity, glucose, albumin, micro and all results should be within normal limits.
#53	Blood Tests	a) Hematology. Any significant anemia or history of hemolytic disease must be evaluated. When due to a variant hemoglobin state, it shall be disqualifying. b) Serology/AIDS test done. If positive, cause for rejection until properly treated and cleared. c) All applicants for diving duty should have a sickle cell and AIDS test done and recorded.
#54	Pulmonary Function	Pulmonary function tests: a) All divers must have periodic pulmonary function tests to establish Forced Expiratory Volume at one (1) second (FEV1) and Forced Vital Capacity (FVC) recording best of three measurements. Using CECA Standards. b) A FEV1/VC x 100 ratio of less than 75% requires additional specialized pulmonary function tests to determine suitability. The "1" means FEV in "one" second.
#55	X-Rays	a) 14 x 17 Chest - no pathology within normal limits. b) Optional - Lumbar sacral spine. (not required for Initial Training unless indicated) c) Long bones - any lesions, especially juxta-articular, should be evaluated to determine patient's fitness to dive. (Not required for Initial Training unless indicated)
#56	Electrocardiogram	ECG examinations: all divers should have a resting standard 12 lead ECG at initial examination and annually after the age of

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		35.
#57	Audiogram Pure Tone	A hearing loss in either ear of 35 dB or more at frequencies up to 3000 Hz and 50dB or more at frequencies above 3000 Hz to a minimum of 6000Hz is an indication for referral of the candidate to a specialist for further opinion, unless the examining doctor is convinced that such a hearing loss is unlikely to be significantly increased by continued diving activities. Doubts about function of labyrinths require specialized examination.
#58	SMA 12	Optional, if done record.
#59	Drug Screen	Do and record. Drug screening must be done at a certified lab with a MRO. Test for: Ethanol, Amphetamines, Barbiturates, Benzodiazepines, Cocaine Metabolites, Phencyclidine (PCP), Propoxyphene, Cannabinoids. Note any prescribed medications. Any prescribed medications which would cause a positive are disqualifying. See Psychiatric section below.

### **Psychiatric**

The nature of diving duties requires a careful appraisal of the individual's emotional and temperamental fitness. Personality disorders, psychosis, immaturity, instability, and anti-social traits shall be disqualifying. Severe stammering or stuttering shall disqualify. Any past or present evidence of psychiatric illness shall be cause for rejection unless the examining doctor can be confident that it is of a minor nature and unlikely to occur. Particular attention should be paid to any past or present evidence of alcohol or drug abuse. Any abnormalities should be noted in Block #52 of the physical examination form.

### **Temperament**

The nature of diving duties requires a careful appraisal of the individual's emotional and temperamental fitness. Past or current symptoms of neuropsychiatric disorder or organic disease of the nervous system shall be disqualifying. No individual with a history of any form of epilepsy, or head injury with sequelae, or personality disorder shall be accepted. Neurotic trends, emotional adjustment, shall be disqualifying. Stammering or other speech impediment which might become manifest under excitement is disqualifying. Intelligence must be at least normal. Any abnormalities should be noted in Block #52 of the physical examination form.

### **Laboratory and Clinical Testing (Important)**

Attach copies of all testing to the physical examination forms: Drug testing, HIV testing, Pulmonary function testing, Electrocardiograms, Hematology, Urology, Electrolytes, Chemistry, etc.

# Commercial Diving Physical Examination – Attachment A

## Association of Diving Contractors International MEDICAL HISTORY FORM

<b>1. Name Last, First</b>	<b>Middle</b>	<b>2. DOB</b>	<b>3. Gender</b>	<b>4. SSN</b>
<b>5. Address (Number, Street)</b>	<b>6. City</b>	<b>7. State</b>	<b>8. Zip Code</b>	<b>9. Phone Number</b> ( )
<b>10. Emergency Contact Person – Relationship – Address – Telephone Number</b>				<b>11. Cell Phone Number</b> ( )

**12. MEDICAL HISTORY: Have you ever had or been treated for (positive answers must be explained below):**

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Convulsions or Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Angiogram or ECHO	<input type="checkbox"/>	<input type="checkbox"/>	Herniated Disc or Sciatica
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	PFO Repair	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder Injury
<input type="checkbox"/>	<input type="checkbox"/>	Concussion or Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Elbow Injury
<input type="checkbox"/>	<input type="checkbox"/>	Disabling Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Asthma or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Arm/wrist/hand Injury
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Balance/Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Coughing up Blood	<input type="checkbox"/>	<input type="checkbox"/>	Hip/Leg/Ankle Injury
<input type="checkbox"/>	<input type="checkbox"/>	Severe Motion Sickness	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Knee Injury or “Trick Knee”
<input type="checkbox"/>	<input type="checkbox"/>	Unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Foot Trouble or Injuries
<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	Dislocations
<input type="checkbox"/>	<input type="checkbox"/>	Wear Contacts/Glasses	<input type="checkbox"/>	<input type="checkbox"/>	Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	Swollen Joints
<input type="checkbox"/>	<input type="checkbox"/>	Color Vision Defect	<input type="checkbox"/>	<input type="checkbox"/>	Lung Disease or Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones or Fractures
<input type="checkbox"/>	<input type="checkbox"/>	Eye Disease or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder Disease or Stones	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins
<input type="checkbox"/>	<input type="checkbox"/>	Eye Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Trouble or Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Disease or Weakness
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Numbness or Paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Ear Disease or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Indigestion	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Ear Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Perforated Eardrum	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease or Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Goiter or Thyroid Disease
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Clearing	<input type="checkbox"/>	<input type="checkbox"/>	Rectal Bleeding/Blood in Stools	<input type="checkbox"/>	<input type="checkbox"/>	Blood Disease
<input type="checkbox"/>	<input type="checkbox"/>	Nose Bleed	<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids (Piles)	<input type="checkbox"/>	<input type="checkbox"/>	Anemia: Sickle Cell or Other
<input type="checkbox"/>	<input type="checkbox"/>	Airway Obstruction	<input type="checkbox"/>	<input type="checkbox"/>	Gas Pains	<input type="checkbox"/>	<input type="checkbox"/>	Skin Rash or Disease
<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever or Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Crohn’s Disease/Ulcerative Colitis	<input type="checkbox"/>	<input type="checkbox"/>	Staph Infections
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Rupture or Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Tumor or Cancer
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Claustrophobia
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Stones	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness/Depression/Anxiety
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Protein, Sugar or Blood in Urine	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Breakdown
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Heart Rhythm	<input type="checkbox"/>	<input type="checkbox"/>	Joint Pain/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Any Sexually Transmitted Disease
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Back Strain or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Contagious Disease
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Stent or Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>	Spine Problems	<input type="checkbox"/>	<input type="checkbox"/>	Other Illness or Injury or Any Other Medical Condition

<input type="checkbox"/> <input type="checkbox"/> For Females ONLY	<input type="checkbox"/>	<input type="checkbox"/>	Painful Menses	
<input type="checkbox"/> <input type="checkbox"/> Irregular Menses	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy	Last Menstrual Period _____

**PLEASE EXPLAIN THE DETAILS OF EACH ITEM CHECKED YES** \_\_\_\_\_

\_\_\_\_\_

**13. LIST ALL SURGERIES** \_\_\_\_\_ YEAR \_\_\_\_\_

**14. LIST ALL HOSPITALIZATIONS** \_\_\_\_\_ YEAR \_\_\_\_\_

**15. LIST ALL INJURIES** \_\_\_\_\_ YEAR \_\_\_\_\_

**16. LIST ALL MEDICATIONS, PRESCRIPTION OR OVER THE COUNTER** \_\_\_\_\_

\_\_\_\_\_



# Commercial Diving Physical Examination – Attachment A

## Association of Diving Contractors International MEDICAL HISTORY FORM

**17. ANSWER THE FOLLOWING QUESTIONS:**

Every Item Checked Yes Must Be Fully Explained Below	YES	NO		YES	NO
Do you have any physical defects or any partial disabilities?			Have you ever resigned, been terminated, or changed jobs for medical reasons?		
Have you ever been rejected or rated for insurance, employment, license, or armed forces for health reasons?			Have you ever been dismissed from employment because of excess use of drugs or alcohol?		
Have you ever had illnesses, injuries, or lost time accidents from any work that you have done?			Do you have any allergies or reactions to food, chemicals, drugs, insect stings, or marine life?		
Have you been advised to have a surgical operation or medical treatment that has not been done?			Are you presently under the care of a physician? Give physician's name and address on the next page.		

Comments: \_\_\_\_\_

**18. My Personal Physician is:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Phone Number \_\_\_\_\_

**19. DIVING HISTORY**      How long have you been commercial diving? \_\_\_\_\_

Surface Air Diving History	Saturation Diving History
Maximum Depth Surface Air _____	Maximum Depth _____
Maximum Depth Surface Mixed Gas _____	Heliox    Yes <input type="checkbox"/> No <input type="checkbox"/>
Longest Bottom Time Air _____	Trimix    Yes <input type="checkbox"/> No <input type="checkbox"/>
Longest Bottom Time Mixed Gas _____	Nitrox    Yes <input type="checkbox"/> No <input type="checkbox"/>
	Maximum Duration (Days) _____

**20. DIVING EXPERIENCE (Number of years experience):**

Have you passed an oxygen tolerance test?  
Yes  No

Air \_\_\_\_\_

Mixed Gases \_\_\_\_\_

Saturation \_\_\_\_\_

Name of Diving School \_\_\_\_\_

**21. INDICATE THE NUMBER OF DECOMPRESSION INCIDENTS**

**List any residuals**

Bends, pain only \_\_\_\_\_

Bends, neurological \_\_\_\_\_

Chokes \_\_\_\_\_

Inner ear \_\_\_\_\_

	Yes	No	Details
Gas Embolism	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oxygen Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	_____
CO <sub>2</sub> Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	_____
CO Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ear/Sinus Squeeze	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ear Drum Rupture	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deafness	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Details
Lung Squeeze	<input type="checkbox"/>	<input type="checkbox"/>	_____
Near Drowning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asphyxiation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vertigo (Dizziness)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nitrogen Narcosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	_____

**23. Have you been involved in a diving accident (decompression sickness or others) since your last physical examination?**    Yes  No

Date of last physical examination: \_\_\_\_\_      Name of Physician who performed your last exam \_\_\_\_\_

For what company or organization were you last examined? \_\_\_\_\_      Address of Physician \_\_\_\_\_

City, State \_\_\_\_\_

**24. Have you ever had any of the following? If so, give approximate date:**

Yes	No	Date Given	Yes	No	Date Given
<input type="checkbox"/>	<input type="checkbox"/>	Chest X-Ray _____	<input type="checkbox"/>	<input type="checkbox"/>	Nerve Condition Studies _____
<input type="checkbox"/>	<input type="checkbox"/>	Longbone Series _____	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary Function Studies _____
<input type="checkbox"/>	<input type="checkbox"/>	Back (Spine) X-Ray _____	<input type="checkbox"/>	<input type="checkbox"/>	Audiogram _____
<input type="checkbox"/>	<input type="checkbox"/>	ENG _____	<input type="checkbox"/>	<input type="checkbox"/>	EKG _____
<input type="checkbox"/>	<input type="checkbox"/>	EEG _____	<input type="checkbox"/>	<input type="checkbox"/>	Exercise (Stress) EKG _____
<input type="checkbox"/>	<input type="checkbox"/>	EMG _____	<input type="checkbox"/>	<input type="checkbox"/>	MRI _____

**25. Physician Remarks:** \_\_\_\_\_

**I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT LEAVING OUT OR MISREPRESENTING FACTS CALLED FOR ABOVE MAY BE CAUSE FOR REFUSAL OF EMPLOYMENT OR SEPARATION FROM THE COMPANY. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE COMPANY MEDICAL EXAMINER WITH A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY PHYSICAL EXAM.**

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

# Commercial Diving Physical Examination – Attachment A

## PHYSICAL EXAMINATION FORM

<b>1. Name – Last, First, Middle</b>				<b>Date</b>	
<b>2. SSN</b>		<b>Date of Birth</b>		<b>Age</b>	
<b>3. Height (inches)</b>		<b>4. Weight (pounds)</b>		<b>5. Body Fat (%) (Optional)</b>	
<b>6. BMI (Optional)</b>		<b>7. Temperature</b>		<b>8. Blood Pressure</b>	
<b>9. Pulse/Rhythm</b>		<b>10. General Appearance/ Hygiene</b>		<b>11. Build</b>	
<b>12. Distant Vision:</b> R. 20/ _____ L. 20/ _____		<b>13. Near Vision: Jaeger</b> R. 20/ _____ L. 20/ _____		<b>14. Color Vision (Test Performed and Results)</b> Near Vision Corrected R. 20/ _____ L. 20/ _____	
<b>15. Field of Vision (Degrees)</b> R _____ ° L _____ °		<b>16. Contact Lenses</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			

NORMAL	ABNORMAL	Check each item in appropriate column (enter NE for Not Evaluated)	REMARKS
		17. Head, Face, Scalp	
		18. Neck	
		19. Eyes	
		20. Fundus	
		21. Ears – General (internal and external canal)	
		22. Eustachian Tube Function	
		23. Tympanic Membrane	
		24. Nose (Septal Alignment)	
		25. Sinuses	
		26. Mouth and Throat	
		27. Chest	
		28. Lungs	
		29. Heart (Thrust, Size, Rhythm, Sounds)	
		30. Pulses (Equality, etc.)	
		31. Vascular System (Varicosities, etc.)	
		32. Abdomen and Viscera	
		33. Hernia (All Types)	
		34. Endocrine System	
		35. G-U System	
		36. Upper Extremities (Strength, ROM)	
		37. Lower Extremities (Except Feet)	
		38. Feet	
		39. Spine	
		40. Skin, Lymphatics	
		41. Anus and Rectum	
		42. Sphincter Tone	
		43. Pelvic Exam	

### NEUROLOGICAL EXAMINATION

<b>44. CRANIAL NERVES</b>				NORMAL	ABNORMAL	NE	<b>45. REFLEXES</b>				NORMAL	ABNORMAL	NE
I	Olfactory						VII	Facial					
II	Optic						VIII	Auditory					
III	Oculomotor						IX	Glossopharyngeal					
IV	Trochlear						X	Vagus					
V	Trigeminal						XI	Spinal Accessory					
VI	Abducens						XII	Hypoglossal					

<b>46. DEEP TENDON</b>										<b>47. PATHOLOGICAL</b>				<b>48. SUPERFICIAL</b>						
Left					Right					Left		Right		Present		Absent		NE		
0	1	2	3	4	0	1	2	3	4	Present	Absent	Present	Absent	Upper Abdomen	Lower Abdomen	Cremasteric				
Triceps																				
Biceps																				
Patella																				
Achilles																				
										Babinski										
										Hoffman										
										Ankle Clonus										

<b>46. CEREBELLAR FUNCTION</b>					<b>47. MUSCLE STRENGTH</b>					<b>48. TONE</b>	
0	1	2	3	4	1	2	3	4	5	Normal	Abnormal
Ataxia					Right Upper Extremity						
Tremor (intention)					Left Upper Extremity						
Finger to Nose					Right Lower Extremity						
Heel to Shin (Sliding)					Left Lower Extremity						

<b>48. PROPIOCEPTION</b>				<b>49. NYSTAGMUS</b>			
Left		Right		Present		Absent	
Normal	Abnormal	Normal	Abnormal	End Point Lateral Gaze	Pathological		
Joint Position Sense							
Stereognosis							
Vibratory Sensation							

<b>50. SENSATION</b>		<b>51. RHOMBERG</b>	
Normal	Abnormal	Absent	Present
Hot			
Cold			

## Commercial Diving Physical Examination – Attachment A

### 52. MISCELLANEOUS REMARKS

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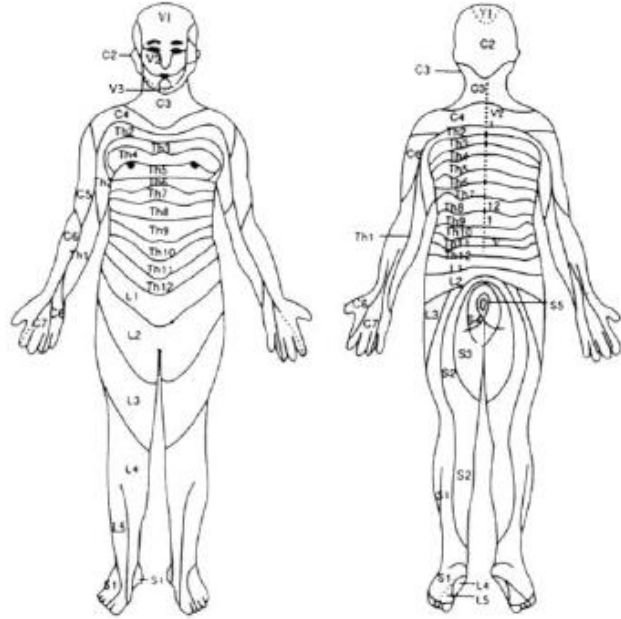
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### LABORATORY FINDINGS

#### 53. Urinalysis

Color \_\_\_\_\_

Appearance \_\_\_\_\_

Sp. Gravity \_\_\_\_\_

Ph \_\_\_\_\_

Sugar \_\_\_\_\_

Blood \_\_\_\_\_

Ketones \_\_\_\_\_

Bilirubin \_\_\_\_\_

Protein \_\_\_\_\_

	0	1+	2+	3+	4+

#### 54. Blood Tests

CBC \_\_\_\_\_

Normal

Abnormal

Sickle Cell

Attach Reports

RPR  Pos  
 Neg

HIV  Pos  
 Neg

#### 55. Pulmonary Function

FVC \_\_\_\_\_

FEV1 \_\_\_\_\_

FEV1/FVC \_\_\_\_\_

#### 56. X-rays

Chest \_\_\_\_\_

Lumbar Spine \_\_\_\_\_

Long Bone Series \_\_\_\_\_

Other \_\_\_\_\_

	Normal	Abnormal	(Describe)
Chest	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lumbar Spine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Long Bone Series	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### 57. Electrocardiogram

Static \_\_\_\_\_

Exercise Stress \_\_\_\_\_

#### 58. Audiogram

	Hz	500	1000	2000	3000	4000	6000	8000
Left								
Right								

#### 59. Comprehensive Metabolic Panel

Normal

Abnormal

Attach Report

#### Lipid Panel (if done)

Normal

Abnormal

Comments: \_\_\_\_\_

#### 60. Drug Screen

Not collected

Collected, results sent to employer

### Work Status:

- Fit for diving
- Cleared for supervisor
- Cleared for topside work only
- Cleared with restrictions:
- Further evaluation needed:
- Unfit for diving :
- Unfit

Examinee Signature \_\_\_\_\_

Examinee Name \_\_\_\_\_

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### Comments:

---

---

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Physician Signature \_\_\_\_\_

Examination Date \_\_\_\_\_

Commercial Diving Physical Examination – Attachment B

Sample cover letter from physician to NUPI (letter head preferred)

Date: \_\_\_\_\_

From: \_\_\_\_\_ (Physician or Clinic)

To: National University Polytechnic Institute  
3580 Aero Court  
San Diego, CA 92123

Dear Sir or Madam:

Mr / Ms \_\_\_\_\_ was examined on this date following the Association of Diving Contractors International Commercial Diving Standards. The examination is complete including general and diving medical history, physical examination, and laboratory and clinical testing. (Check applicable boxes below:)

- This candidate was found to be fit for occupational diving and hyperbaric exposures without restrictions.
- All required physical examination forms (page 1-4) have been completed and laboratory testing are attached.
- The individual has a complete copy of the examination.
- No medical conditions were detected that will require further examination or treatment.
  
- The candidate was found to be unfit for diving or hyperbaric exposures.
- The candidate can perform diving with the following restrictions \_\_\_\_\_  
\_\_\_\_\_.

The examining physician  is [  is not] a trained diving or hyperbaric physician.

Approved:

\_\_\_\_\_ M.D.

**AUTHORIZATION TO RELEASE AND MAINTAIN DIVING MEDICAL RECORDS**

FEDERAL LAW REQUIRES YOUR SPECIFIC AUTHORIZATION TO MAINTAIN AND RELEASE MEDICAL CONFIDENTIAL INFORMATION ABOUT YOU OR ANY MEDICAL CONDITION YOU MAY DEVELOPE OR HAVE. PLEASE READ AND SIGN.

I understand National University Polytechnic Institute (NUPI) maintains medical records on my physical condition, as related to being a diving (and/or hyperbaric) student at NUPI. The record contains complete copy of my physical examination, drug testing, and/or any injuries or incidents that could occur during training. I understand that the Code of Federal Regulations requires that the university retain on file such records up to five years after this agreement ends, if I have been involved in a diving accident.

No release shall be made unless absolutely necessary, I authorize NUPI to release or disclose my records to consulting Physicians of NUPI, Physicians involved in consultation evaluations or emergency recompression treatment, Diving Supervisors, Faculty involved in diving training, or Diving Medics who have an authorized need for the information necessary to enable them to make decisions, based on the knowledge of my physical condition or limitations. I further authorize disclosure to consulting physicians, nurses, dive medics, or medical support professional workers in the event of my involvement in a diving accident or treatment for a class related injury or illness.

I understand that a record of all disclosures will be kept and my records will be maintained in a manner that will protect the privacy, within legal guidelines.

I understand that I may revoke this authorization at anytime, with a written request. This authorization expires upon graduation, or a leave of absence of duration greater than 1 year, or may be terminated with being expelled or dropped from the program.

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

Note: The following information is needed to assure accurate identification

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number \_\_\_\_\_ or Passport Number \_\_\_\_\_

Print Full Name \_\_\_\_\_

First

Middle

Last

I request a copy of this completed form  Yes  No (check one)

## National University Polytechnic Drug Policy Acknowledgement

In accordance with Section 22 of the Drug-Free Schools and Communities Act of 1989, National University Polytechnic Institute is striving to promote the health and safety of our students by preserving a drug-free environment and is in full compliance with the Diving Industry’s standard of zero tolerance of drug and alcohol abuse. As an applicant/student of the commercial diving program I am aware that the unlawful possession, use, manufacture, dispensation, or distribution of alcohol, drugs or controlled substances on NUPI campuses, vessels, and property or as a part of any of it’s activities is prohibited by both law and university policy. I am also aware of the increased safety considerations and health risks associated with alcohol, drugs, and controlled substance abuse due to the unique nature of training conducted at the NUPI. As a condition of enrollment, I pledge to comply with the “Policy on Alcohol, Drugs and Controlled Substances” while enrolled in the NUPI commercial diving program.

Please read and sign the certification below:

I, \_\_\_\_\_, (Print full name) have received and reviewed a copy of this policy and agree to abide by its contents. I further certify that as a condition of my enrollment, I will not engage in the unlawful manufacturing, distribution, dispensing, possession, or use of alcohol, drugs, and controlled substances, or be under the influence of same while engaged in student activities or conducting NUPI business on or off the campus premises. I also understand that NUPI may require students to undergo for cause and random drug testing. I further understand that it is my duty as a diver to report to my instructor/ diving supervisor any medication (prescribed or over the counter) when engaged in diving and hyperbaric exposure activities. I understand that violation of any portion of this policy may subject me to disciplinary action, up to and including expulsion from the program, institution, and/or university.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commercial Diving Physical Examination – Attachment E

**Checklist of Physical Examination Documentation Required for Applicant / Student**

- \_\_\_\_\_ ADCI Physical Examination form, Page 1-4 completed and signed by the applicant / student and the examining physician. (Attachment A)
- \_\_\_\_\_ Copies of all Laboratory and Clinical Tests conducted by the examining Physician.
  - \_\_\_\_\_ Ten Panel Drug Test
  - \_\_\_\_\_ Electrocardiogram (EKG)
  - \_\_\_\_\_ Pulmonary Function Test (PFT)
  - \_\_\_\_\_ Chest X-Ray Results
  - \_\_\_\_\_ HIV Results
- \_\_\_\_\_ Letter from the Physician (Attachment B)
- \_\_\_\_\_ Signed copy of Authorization to release and maintain diving medical records. (Attachment C)
- \_\_\_\_\_ Signed acknowledgment of NUPI Drug Policy. (Attachment D)

Note: All forms must be turned in to NUPI prior to the start of the first course. Allow sufficient time for review (at least 1 week).

Commercial Diving Physical Examination – Attachment F

List of Diving Physicians in San Diego.

San Diego Campus Area:

**UCSD Occupational Health Center**

330 Lewis Street, Suite 100

San Diego, CA 92103

(619) 294-6206

By Appt only - 8 to 4 daily Dive Clinic Wednesdays only

**San Diego Sports Medicine**

Dr. David Chao

5471 Kearny Villa Road #200,

San Diego, CA

(858) 571-0606

**U. S. Health Works**

5575 Ruffin Road Suite 100

San Diego, CA 92123

Phone: (858) 277-2744

or

3930 Fourth Avenue Suite 200

San Diego, CA 92103

(619) 297-9610