NAME _____________________________________________________________________________________________________
ADDRESS __________________________________________________________________________________________________
CITY ____________________________________________________STATE/PROVINCE  ________ZIP_______________________
HOME PHONE___________________________

To the Instructor: If any condition listed on the medical history form in the student record folder is checked by the student, you are required to individually interview the student. If, as a result of the interview, you are unsure whether or not the condition is a contraindication to diver training send the student to a physician for a medical exam. In the event that referral to a physician is necessary, provide the student with this NAUI Medical Form and transfer the student’s medical history and any notes to the copy to take with them to the physician.

To the Physician: This person is an applicant for training in diving with self-contained underwater breathing apparatus (SCUBA). This is an activity which puts unusual stress on the individual in several ways. A list of contraindications is on the reverse of this form for your reference.

The student applicant’s medical history below was provided during the enrollment process.

<table>
<thead>
<tr>
<th>Behavioral health problems</th>
<th>Bronchitis</th>
<th>Contact lenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claustrophobia</td>
<td>Tuberculosis</td>
<td>Dental plates</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>Respiratory problems</td>
<td>Physical disability</td>
</tr>
<tr>
<td>Migraine headaches</td>
<td>Back Problems</td>
<td>Serious injury</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Back/spinal surgery</td>
<td>Over 40 years old</td>
</tr>
<tr>
<td>Ear or hearing problems</td>
<td>Diabetes</td>
<td>Hepatitis</td>
</tr>
<tr>
<td>Trouble equalizing pressure</td>
<td>Ulcers</td>
<td>Regular medication</td>
</tr>
<tr>
<td>Sinus trouble</td>
<td>Colostomy</td>
<td>Drug allergies</td>
</tr>
<tr>
<td>Severe hayfever</td>
<td>Hernia</td>
<td>Alcohol or drug abuse</td>
</tr>
<tr>
<td>Heart trouble</td>
<td>Dizziness or fainting</td>
<td>Rejected from any activity</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Recent surgery</td>
<td>for medical reasons</td>
</tr>
<tr>
<td>Angina</td>
<td>Hospitalized</td>
<td>Any medical condition not listed:</td>
</tr>
<tr>
<td>Heart surgery</td>
<td>Pregnant</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>Motion Sickness</td>
<td></td>
</tr>
</tbody>
</table>

Notes:

______________________________________________________

PLEASE RETURN THIS FORM TO THE STUDENT APPLICANT

Please note that the medical examination form presents a choice under IMPRESSION. We can only accept unconditional approval as stated for student applicants desiring to begin or continue training. If you conclude that diving is not in the individual's best interest or that their medical condition is likely to present a probable direct threat to others, please discuss your opinion with the person and check disapproval.

IMPRESSION:

___ APPROVAL (I find no medical conditions I consider incompatible with diving.)

___ DISAPPROVAL (This applicant has medical conditions which in my opinion clearly would constitute unacceptable hazards to health and safety in diving.)

Date__________________________Signature__________________________________________, MD.

Physician’s Name (print) ______________________________________________________

Address ______________________________________________________________________

Phone _______________________

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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 bibliog-

raphy 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) 684-9111 24 hours, 7 days a week.

OTOLARYNGOLOGICAL
Relative 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

Absolute Contraindications:
- History of:
  - stapedectomy
  - ossicular chain surgery
  - inner ear surgery
  - round window rupture
  - vestibular decompression sickness

NEUROLOGICAL
Relative Contraindications:
- History of:
  - head injury with sequela other than seizure
  - spinal cord or brain injury without residual neurologic deficit
  - cerebrovascular accident with 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:
  - CAGB 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 hypertension 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*, exercise/cold induced bronchospasm (EIB), 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
- Enteroctaneous 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

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