

Medical Questionnaire for Diving at Work

Before completing this questionnaire

This medical questionnaire forms part of an initial assessment, by an HSE Approved Medical Examiner of Divers (AMED), to become a professional diver.

Note to prospective diver

You should complete the questionnaire, sign the declaration and ask your GP to countersign it to confirm your medical history.

Your GP may charge a fee for this, but they do not need to examine you.

You should have your completed questionnaire countersigned by your GP before you book a medical with an AMED.

Note to GP

To fulfil HSE's requirements for becoming a professional diver under the Diving at Work Regulations 1997, your patient is having an initial medical assessment by an HSE Approved Medical Examiner of Divers (AMED).

An essential part of the AMED's initial assessment is completion of this questionnaire, countersigned by you, to confirm the medical history.

The AMED will use the questionnaire to see if there's anything in it which might be a contraindication to diving.

Without this validated medical history, the AMED will not be able to assess whether your patient is fit to dive at work.

As the prospective professional diver's GP you:

- only need to confirm the medical history from your patient's records
- do not need to examine them
- do not need to give an opinion on their fitness to dive
- may charge for this service

Information on hse.gov.uk

Further information on medical examinations and fitness standards for professional divers is available on HSE's website (www.hse.gov.uk/diving/carr.htm) and in HSE's guidance, *Medical examination and assessment of working divers (MA1)* (www.hse.gov.uk/pubns/ma1.htm).

Medical questionnaire

Question	Yes	No
Have you ever had any diving related condition, eg barotrauma, decompression illness, immersion pulmonary oedema?		
Are you pregnant or likely to be pregnant?		
Are you taking any medication (prescribed or otherwise)?		
Do you have any allergies?		
Do you have a family history of sudden cardiac death and/or abnormalities of heart rhythm?		
Have you ever had, or do you now have the following?		
Cancer		
Lung disease, eg COPD, asthma		
Collapsed lung (pneumothorax)		
Injury or surgery to the chest, lungs or heart		
Disease of the heart and circulation, eg high blood pressure, angina, heart attack, chest pains, palpitations		
Disease of the brain or nervous system, eg epilepsy, stroke, multiple sclerosis, nerve damage		
Blackouts, recurrent fainting, collapsing or dizziness		
Motion sickness		
Migraine		
Head injury with loss of consciousness, or surgery to the skull or brain		
Mental health problems (including panic attacks and claustrophobia)		
Drug and/or alcohol misuse		
Bone or joint problems or surgery, eg sciatica, spinal surgery		
Ear, nose, throat or sinus problems		
Eye problems, eg loss of vision, double vision		

Question	Yes	No
Diabetes or other hormone problems		
Stomach or intestinal problems or surgery (including stomas)		
Urinary, kidney or prostate problems		
Skin disease		
Blood or bleeding disorders		
Any other medical condition(s) not covered above		

Additional details (if you answered 'Yes' to any question)

Declaration

Under Section 33(1)(k) of the Health and Safety at Work etc. Act 1974, it is an offence to knowingly or recklessly make a false statement for the purpose of obtaining a document, which includes a certificate of medical fitness to dive issued by an Approved Medical Examiner of Divers (AMED). You should check that your answers are accurate and complete.

Prospective diver – I certify that the above answers are accurate and complete.

Signature..... Date.....

Name..... Date of birth.....

Address.....

.....

GP – I confirm the medical history.

Signature..... Date.....

Name..... GMC number.....

Practice stamp