



## HSE Diving Medical – Confidential

### Diver Details:

Name:		Date of Birth:	Age:
Address:		Telephone:	
		Email:	
Nationality:	Occupation:	Years diving:	

### Diving History – please circle and give details where necessary:

Type of medical: initial / annual / return to work		
Main type of work diving: recreational / inshore / offshore (non-sat) / offshore (sat) / media / scientific / hyperbaric chamber / military / police		
Highest diving qualification (include certificate number and date):		
Commencement date of commercial diving:		
Breathing equipment used: open circuit / rebreather / surface supplied / saturation / other (give details):		
Total no. of dives:	Work dives (in last 12 months):	Days in sat (in last 12 months):
Diving related illness? (in last 12 months):		
Diving at work abroad? (in last 12 months):		

### Medical History: have you ever had, or do you currently have (circle 'Yes' [Y] or 'No' [N] to each):

(Details of any issues highlighted by the declared medical history should be discussed with the doctor during the appointment.)

Condition:	Yes / No	Details:
Asthma, or wheezing with exercise?	Y / N	
Diseases of the heart and circulation (eg. high blood pressure, angina, chest pains, palpitations)?	Y / N	
Chest or heart surgery?	Y / N	
Pneumothorax (collapsed lung)?	Y / N	
Sinusitis, nasal drip, nosebleeds, bronchitis or pneumonia?	Y / N	
Blackouts, fainting or recurrent dizziness?	Y / N	
Epilepsy or fits?	Y / N	
Recurrent migraines?	Y / N	
Any other disease of the brain or nervous system (eg. stroke, multiple sclerosis)?	Y / N	
Head injury with loss of consciousness in the past 5 years?	Y / N	
Recurrent ear problems or previous ear surgery?	Y / N	
Recurrent back problems, including spinal surgery?	Y / N	
Psychological or mental illness of any kind (eg. panic attacks, claustrophobia)?	Y / N	
A history of drug or alcohol abuse in the past 5 years?	Y / N	
Diabetes?	Y / N	
Allergies?	Y / N	
Ileostomy, colostomy, hiatus hernia repair or other bowel trouble?	Y / N	
Any infectious disease (eg. hepatitis, HIV, herpes etc.)?	Y / N	



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Any prescribed medication (except the oral contraceptive pill)?	Y / N
Any current medical care, or doctor consultation in the past year (for anything other than trivial infection or minor injury)?	Y / N
Decompression illness (in the past 12 months)?	Y / N
A diving medical refused, or restricted, for any reason?	Y / N
<b>For females only:</b>	
Are you pregnant, or planning pregnancy in the next 12 months?	Y / N

**Please Turn Over**

### Social History and Habits:

Smoking: (circle and give details where appropriate)	Never	Well done!
	Ex	How many a day, for how many years?
		Age when stopped?
	Current	How many a day, for how many years?
Alcohol:		How many units a week? (1 unit = half a pint, 1 shot spirits, 1 small glass wine)
Exercise:		How many hours a week? Describe eg. cardiovascular, weights

### Consent and Declaration:

Please read the following and sign below to indicate your understanding and acceptance:

- I have had the purpose of this statutory medical examination explained to me by the doctor undertaking it
- I therefore understand that the doctor's role is to make an impartial decision regarding my fitness for professional diving
- I consent to undergo the medical assessment, including any tests or investigations deemed necessary (eg. ECG, spirometry, audiometry, urinalysis, blood tests)
- I understand that I can withdraw my consent to take part in the medical assessment at any time
- I have been advised of the right of appeal in the event of my being found unfit, or in need of restricted activities as a professional diver
- I certify that my responses to the questions in this form are true to the best of my knowledge and belief
- I agree to accept responsibility for any omissions
- I understand and accept that any misrepresentation will invalidate the medical assessment

Signature of Candidate:

Date:

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### Doctor's Notes on Medical History: