



TEXAS A&M UNIVERSITY-SAN ANTONIO

Dive Program

Appendix 5: AAUS Medical Evaluation Of Fitness For Scuba Diving Report

Name of Applicant (Print or Type)

Date of Evaluation (Month/Day/Year)

To The Examining or Supervising Physician: Scientific divers require periodic SCUBA diving medical examinations to assess their fitness to engage in diving with self-contained underwater breathing apparatus (SCUBA). Their answers on the Diving Medical History Form (**Appendix 4**) may indicate potential health or safety risks as noted. SCUBA diving is an activity that puts unusual stress on the individual in several ways. Your evaluation is requested on this Medical Evaluation form. Your opinion on the applicant's medical fitness is requested. SCUBA diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease (see references, following page). An absolute requirement is the ability of the lungs, middle ears, and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant. Please proceed in accordance with the American Academy of Underwater Sciences (AAUS) Medical Standards. If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

NOTE: Although portions of this exam may be conducted by other medical professionals (P.A. or N.P.), final signature for diving must come from a Medical Doctor (M.D.) or Osteopath (D.O.).

Tests: The following tests are required:

During all initial and periodic re-exams (under age 40):

- Medical history
- Complete physical exam, with emphasis on neurological and otological components
- Urinalysis
- Any further tests deemed necessary by the physician

Additional tests during first exam over age 40 and periodic re-exams (over age 40):

- Chest x-ray (Required only during first exam over age 40)
- Resting EKG
- Assessment of coronary artery disease using Multiple-Risk-Factor Assessment¹
- (age, lipid profile, blood pressure, diabetic screening, smoking)

Note: Exercise stress testing may be indicated based on Multiple-Risk-Factor Assessment¹

Physician's statement:

I have evaluated the above mentioned individual according to the tests listed above. I have discussed with the patient any medical condition(s) that would not disqualify them from diving but



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which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these conditions.

___ o1 I find no medical conditions that may be disqualifying for participation in SCUBA diving.

Diver IS medically qualified to dive for:

_____ 2 years (over age 60)

_____ 3 years (age 40-59)

_____ 5 years (under age 40)

___ o2 Diver IS NOT medically qualified to dive: _____ Permanently _____ Temporarily.

Signature MD or DO

Date

Name (Print or Type)

Address

Telephone Number

E-Mail Address

My familiarity with applicant is: ___ This exam only ___ Regular physician for ___ years

My familiarity with diving medicine is: _____

References

¹ Grundy, S.M. , Pasternak, R. , Greenland, P. , Smith, S. , and Fuster, V. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement. Journal of the American College of Cardiology, 34: 1348-1359.

<http://content.onlinejacc.org/cgi/content/short/34/4/1348>



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Appendix 5b: AAUS Medical Evaluation of Fitness for Scuba Diving Report Applicant's Release of Medical Information Form

Name of Applicant (Print or Type)

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the Texas A&M University - San Antonio Diving Safety Officer and Diving Safety Board or their designee at (place) _____
on (date) _____

Signature of Applicant (Print or Type)

Date



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