

UKSDMC Referee Examination Form



Any fee in respect of the medical examination is the responsibility of the person being examined.

Aqualung training must not be undertaken until the candidate has completed a Medical Declaration or had a Medical Examination confirming fitness to dive. Only valid if signed by a UKSDMC referee.

NOTES TO DIVER

Exceptional fitness is not essential; both men and women can dive safely providing they are reasonably fit and do not suffer from any of the possibly disqualifying conditions listed in the questionnaire.

Sport diving can at times involve heavy physical exertion. Moreover, recreational diving in the UK is carried out in what can occasionally be a cold, dark and hostile environment and it entails responsibility for the safety of other divers.

CERTIFICATE OF FITNESS TO DIVE

If you have to see a Medical Referee and are found fit to dive, they will give you a completed Certificate of Fitness to Dive. You should show it to your Diving Officer and insert it in your Qualification Record Book for reference purposes and, if still valid, produce at your next annual declaration.

VALIDITY & STORAGE

A declaration must be produced each year on the occasion of your renewal of membership. Any subsequent changes in health must be declared as this may affect your fitness to dive. Completed forms with all "NO" answers must be kept by the diver's Branch or their diving organisation's HQ during their period of validity and you should be given a photocopy. If a Medical Referee gives you a certificate of fitness, you should take a photocopy for your Branch but retain the original for your next annual declaration. The Medical Referee is advised to retain the records of those examined.

SECTION A – This portion to be completed by the applicant

Name: Email:

Address: Occupation:

..... Date of birth: Age:

..... Postcode: Diving organisation: Membership no:

Telephone: Branch:

GP's Name: Tel: Email:

Diver Medical Health Questionnaire

		Yes	No
1	Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you at any time had chest or heart surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you suffered from or had to take medication for asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever had collapsed lung or pneumothorax?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you ever had any other chest or lung disease?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you suffered at any time from blackouts, fainting, or recurrent dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you had regular ear problems in the past ten years?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you have an ileostomy or a colostomy or have you ever had a repair of a hiatus hernia?	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you ever had epilepsy or fits?	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you ever had recurrent migraines?	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No
11	Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)	<input type="checkbox"/>	<input type="checkbox"/>
12	Have you ever had any back or spinal surgery?	<input type="checkbox"/>	<input type="checkbox"/>
13	Have you any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?	<input type="checkbox"/>	<input type="checkbox"/>
14	Have you any history of alcohol or drug abuse in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
15	Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
16	Are you currently taking any prescribed medication (except the contraceptive pill)?	<input type="checkbox"/>	<input type="checkbox"/>
17	Are you currently receiving medical care or have you consulted the doctor in the last year for anything other than trivial infection or minor injury?	<input type="checkbox"/>	<input type="checkbox"/>
18	Have you ever been refused a diving medical certificate or life insurance or been offered special terms?	<input type="checkbox"/>	<input type="checkbox"/>
19	Have you ever had, or been treated for, decompression illness?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any question, give details below:

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I hereby declare that to the best of my knowledge, I am in good general health and declare that I have not omitted any information which might be relevant to my fitness for diving. I authorise any doctor who has attended me to disclose my medical history if requested to by a UKSDMC Medical Referee.

Signed: Date: