



2.4.2 ADCI PHYSICAL EXAMINATION STANDARDS

Patient history is recorded on pages 2-15 through 2-16 of the form set. Pages 2-17 and 2-18 are used to record specific findings during the conduct of the examination.

The following headings refer to and explain the numbered boxes on the **ADCI physical examination form** on pages 2-17 and 2-18. A sample copy of these forms is enclosed in this standard. Use of these forms ensures quality and consistency throughout the commercial diving industry. These forms may be obtained from the ADCI website.

1	Name	Record.
2	Social Security Number or Passport Number	Record.
3	Height	No set limits.
4	Weight	The weight limits listed in the maximum allowable weight chart (2.4.9) should apply. If a diver exceeds these limits and the cognizant physician feels the increase is due to muscular build and physical fitness, a variance may be appropriate. A variance may be appropriate for divers who do not meet the weight limits but are at 23% body fat or less as measured by impedance or hydrostatic fat testing. Furthermore, individuals who fall within these weight limits but who present an excess of fatty tissue should be disqualified.
5	Body Fat	Optional. According to US Navy, 23% for males, 34% for females.
6	Body Mass Index (BMI)	Optional. Calculation for BMI = $(\text{weight in pounds} \times 703) / \text{height in inches}^2$. The maximum BMI allowable according to the U.S. Navy height and weight table is 28.
7	Temperature	The diver should be free of any infection/disease that would cause an abnormal temperature.
8	Blood Pressure	The resting blood pressure should not exceed 140/90 mm Hg. In cases of apparent hypertension, repeated daily blood pressure determinations should be made before a final decision is made. The blood pressure should be controlled without target organ damage. Beta blockers are not acceptable. Low-dose diuretics are acceptable. Medications required to control blood pressure should be noted on the physical exam form.
9	Pulse/Rhythm	Persistent tachycardia, arrhythmia except of the sinus type, or other significant disturbance of the heart or vascular system should be evaluated and may be disqualifying.
10	General Appearance/Hygiene	Should be good.
11	Distant Vision	Vision must be tested with and without correction when applicable. Should have vision corrected to 20/40, in both eyes. Monocular vision is not necessarily disqualifying for commercial diving. Divers who have had vision corrective surgery should be restricted from diving until cleared by a qualified diving physician and ophthalmologist.
12	Near Vision	Correctable to 20/40.
13	Color Vision	Record. Color blindness does not disqualify for diving, but diver must have color vision specific for duties.
14	Field of Vision	Should be normal, with any discrepancies documented. A minimum of 85 degrees field of vision is required.
15	Contact Lenses	Record if used. Appropriate lenses for diving may be used (gas permeable/fenestrated hard lens). Vision must be recorded with and without contact lenses.
16	Head, Face and Scalp	Some causes for rejection may include: <ul style="list-style-type: none"> a) Deformities of the skull in the nature of depressions, exostosis, etc., of a degree that would prevent the individual from wearing required equipment. b) Deformities of the skull of any degree associated with evidence of disease of the brain, spinal cord or peripheral nerves. c) Loss or congenital absence of the bony substance of the skull.



17	Neck	<p>Conditions affecting the neck must not impair the diver to cause insufficient range of motion. The causes for rejection may include:</p> <ul style="list-style-type: none"> a) Cervical ribs if symptomatic. b) Congenital cysts of bronchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts. c) Fistula, chronic draining, of any type. d) Spastic contraction of the muscles of the neck of a persistent and chronic nature. e) Neural impingement.
18	Eyes	Active pathology or previous eye surgery may be cause for restriction or rejection. Divers who have had vision corrective surgery should be restricted from diving until cleared by a qualified diving physician and ophthalmologist. History of cataract surgery with intraocular lens implant is not disqualifying.
19	Fundus	Optional. No pathology.
20	Through # 24	<p>The following conditions are disqualifying:</p> <ul style="list-style-type: none"> a) Acute disease including vestibular disease. b) Chronic serious otitis. c) Active otitis media. d) Current perforation of the tympanic membrane. e) PE tubes in place. f) Any significant nasal or pharyngeal respiratory obstruction. g) Chronic sinusitis if not readily controlled. h) Speech impediments due to organic defects. i) Inability to equalize pressure due to any cause. j) Recurrent or persistent vertigo. k) Recent piercings are disqualifying until healed. <p>If Eustachian tube dysfunction is suspected, then referral or testing should be done. Adequately repaired round window ruptures that have no significant residual deficits may be approved for diving.</p>
25	Mouth and Throat	<ul style="list-style-type: none"> a) Candidate should have a high degree of dental fitness; any abnormalities of dentition or malformation of the mandible likely to impair the diver's ability to securely and easily retain any standard equipment mouthpiece should disqualify. b) Removable dentures should not be worn while diving. c) Severe dental caries is disqualifying until repaired.
26	Chest (include breasts)	Note any chest deformities, breast abnormalities or masses.
27	Lungs	Pulmonary: Congenital and acquired defects that may restrict pulmonary function, cause air entrapment, or affect the ventilation-perfusion or balance shall be disqualifying for both initial training and continuation. Obstructive or restrictive pulmonary functions require further evaluation. Pulmonary disease requiring medication use may be disqualifying. History of recurrent or spontaneous pneumothorax is disqualifying.
28	Heart (thrust, size, rhythm, sounds)	Any evidence of heart disease or arrhythmias other than sinus arrhythmias must be fully investigated. For evaluation purposes, Bruce protocol functional stress testing through stage III must be to at least 10 METS without evidence of ischemia. Pacemakers and implantable cardiac defibrillators are disqualifying. PFO repairs are not disqualifying. Routine PFO testing is not recommended. Coumadin or any anticoagulants, antiplatelet medications and aspirin (except low dose aspirin) are considered disqualifying. Ejection fractions must be at least 40% if measured.
29	Pulse	Record. Peripheral pulses should be regular, full and symmetric.



30	Vascular System (varicosities, etc.)	Cardiovascular system: The cardiovascular system shall be without significant abnormality in all respects as determined by physical examination and tests as may be indicated. Evidence of symptomatic arteriosclerosis, severe varicose veins and marked symptomatic hemorrhoids may be disqualifying.
31	Abdomen and Viscera	<ul style="list-style-type: none"> a) Active peptic ulceration should be disqualifying until treated and healing has been documented. History of gastrointestinal bleeding may be disqualifying from diving and is disqualifying from saturation diving. b) Any other chronic gastrointestinal disease (e.g., ulcerative colitis, cholelithiasis) may be cause for rejection. c) Crohn's disease may be disqualifying. d) Hepatitis may be disqualifying. e) Colostomies should be disqualified for saturation diving.
32	Hernia (all types)	All inguinal or femoral hernias are disqualifying until repaired. Ventral hernias more than one cm must be repaired prior to diving.
33	Endocrine System	Diabetics controlled only with diet and exercise and with Hgb A1C < 7.0 are acceptable. History of thyroid disease adequately controlled with medication is acceptable to dive. Any other endocrine disorders requiring medication may be disqualifying.
34	G-U System (genital-urinary)	<ul style="list-style-type: none"> a) Gonococcal disease, syphilis, chlamydia and genital herpes will disqualify until adequately treated. b) Evidence or history of nephrolithiasis must be fully investigated and treated and may be disqualifying. c) Any renal insufficiency or chronic renal disease may be disqualifying. d) History of kidney stones may be disqualifying for surface and saturation diving. Divers with a history of kidney stones should have periodic evaluation by a urologist to determine the presence of stones. e) Evidence or history of urinary dysfunction or retention must be fully investigated and treated.
35	Upper Extremities (strength, ROM)	Any impairment of musculoskeletal function should be carefully assessed against the general requirements that would interfere with the individual's performance as a diver. Amputations may be disqualifying. Orthopedic internal fixation hardware is not disqualifying if the fracture site is healed.
36	Lower Extremities, Except Feet	Any impairment of musculoskeletal function should be carefully assessed against the general requirements that would interfere with the individual's performance as a diver. Amputations may be disqualifying. Orthopedic internal fixation hardware is not disqualifying if the fracture site is healed.
37	Feet	Any impairment of musculoskeletal function should be carefully assessed against the general requirements that would interfere with the individual's performance as a diver.
38	Spine	Any impairment of musculoskeletal function should be carefully assessed against the general requirements that would interfere with the individual's performance as a diver. Neural impingement or nerve root displacement is considered disqualifying even if asymptomatic.
39	Skin and Lymphatic System	Active, acute or chronic disease of the skin or lymphatic system may be disqualifying. Tattoos must be fully healed prior to diving.
40	Anus and Rectum	Any conditions that interfere with normal function (e.g., stricture, prolapse, severe hemorrhoids) may be disqualifying.
41	Sphincter Tone	Note and record.
	Neurological Exam (42-49)	A full examination of the central and peripheral nervous system should show normal function, but localized minor abnormalities, such as patches of anesthesia, are allowable provided generalized nervous system disease can be excluded. Any history of seizure (apart from childhood febrile convulsions, oxygen toxicity or withdrawal seizures) is disqualifying. Intracranial surgery, loss of consciousness, and severe head injury involving more than momentary unconsciousness or concussion, may be disqualifying. If the severity of head injury is in doubt, special consultation and studies should be considered. All neurodegenerative conditions are disqualifying.



42	Cranial Nerves	Examine, evaluate and record.
43	Reflexes	Should be symmetrical and free from pathology. Document any abnormalities. Pathological reflexes should be evaluated. Asymmetrical reflexes should be documented.
44	Cerebellar Function	Test and record.
45	Strength and Tone of Muscles	Examine and record. Note any atrophy or loss of tone.
46	Proprioception/ Stereognosis	Examine and record.
47	Nystagmus	Do and record. Congenital nystagmus is not necessarily disqualifying. End point lateral gaze nystagmus is considered normal.
48	Sensations and Vibration	Test and record. Vibration should be tested using a 128 Hz tuning fork. Two point discrimination should be tested at the thumb (C6), middle finger (C7) and the little finger (C8) and should be discernable at 5 mm.
49	Romberg	Do and record. May perform romberg for up to two minutes.
50	Miscellaneous Remarks and Dermatome Diagram	Record findings and comments.
51	Urinalysis	Includes color pH, specific gravity, glucose, albumin and micro, and all results should be within normal limits.
52	Blood Tests	Hematology: Any significant anemia or history of hemolytic disease must be evaluated. When due to a variant hemoglobin state, it shall be disqualifying.
53	Spirometry	All divers must have periodic spirometry to establish Forced Expiratory Volume at one (1) second (FEV1), Forced Vital Capacity (FVC) , and FEF 25-75 recording best of three measurements using American Thoracic Society standards. FEV1 and FVC should both be 75% or over using NHANES reference values. If either or both are below 75%, then the diver should be referred for functional stress testing under Bruce protocol to at least 10 METS.
54	X-ray/Imaging	<ul style="list-style-type: none"> a) 14 x 17 chest: PA and lateral every three years. No pathology within normal limits. b) Lumbar/sacral spine (optional on new hire). c) Long bones (optional): Any lesions, especially juxta-articular, should be evaluated to determine patient's fitness to dive. d) MRI (optional): Neural impingement or nerve root displacement on MRI examinations are disqualifying.
55	Electrocardiogram	ECG examinations: Resting standard 12 lead ECG are optional on new hire examinations and required annually after the age of 35. Exercise stress tests should be considered and may be indicated after the age of 40.
56	Audiogram Pure Tone	A hearing loss in either ear of 40 dB in the range of 500, 1000 and 2000 Hz may be an indication for referral of the candidate to a specialist for further opinion, unless the examining doctor is convinced that such a hearing loss is unlikely to be significantly increased by continued diving activities. Doubts about function of labyrinths require specialized examination. Monaural hearing is not disqualifying. Hearing ability must be adequate to perform job duties.
57	Comprehensive Metabolic Panel	Optional.
58	Hemoglobin A1C	Required for any history of diabetes.
59	Lipid Panel	Required for Framingham Risk Calculation. Must be done on divers 35 years and older.
60	Drug Screen	Recommended.



2.4.3 ADCI MEDICAL HISTORY AND EXAMINATION FORMS



Association of Diving Contractors International
MEDICAL HISTORY FORM

Form with fields for Employer, Job Title, Date, 1. Last Name, 2. Email Address, 3. Date of Birth, 4. Gender, 5. Last 4 No. of SSN, 6. Address, 7. City, 8. State, 9. Zip Code, 10. Area Code - Phone Number, 11. Emergency Contact Person, 12. Cell Phone Number.

13. MEDICAL HISTORY: Have you ever had or been treated for (positive answers must be explained below):

Grid of medical conditions with Yes/No checkboxes. Conditions include: Convulsions or Seizures, Cardiac Angiogram or ECHO, Shoulder Injury, Epilepsy, PFO Repair, Elbow Injury, Concussion or Head Injury, High Blood Pressure, Arm/wrist/hand Injury, Disabling Headaches, Asthma or Wheezing, Hip/Leg/Ankle Injury, Loss of Balance/Dizziness, Coughing up Blood, Knee Injury or "Trick Knee", Severe Motion Sickness, Tuberculosis, Foot Trouble or Injuries, Unconsciousness, Shortness of Breath, Dislocations, Fainting Spells, Chronic Cough, Swollen Joints, Wear Contacts/Glasses, Pneumothorax, Broken Bones or Fractures, Color Vision Defect, Lung Disease or Surgery, Varicose Veins, Eye Disease or Injury, Gallbladder Disease or Stones, Muscle Disease or Weakness, Eye Surgery, Stomach Trouble or Ulcers, Numbness or Paralysis, Hearing Loss, Stomach Bleeding, Sleep Disorders, Ear Disease or Injury, Frequent Indigestion, Diabetes, Ear Surgery, Jaundice, Goiter or Thyroid Disease, Perforated Eardrum, Liver Disease or Hepatitis, Blood Disease, Difficulty Clearing, Rectal Bleeding/Blood in Stools, Anemia: Sickle Cell or Other, Nose Bleed, Hemorrhoids (Piles), Skin Rash or Disease, Airway Obstruction, Gas Pains, Staph Infections, Hay Fever or Allergies, Crohn's Disease/Ulcerative Colitis, Tumor or Cancer, Chest Pain, Rupture or Hernia, Claustrophobia, Heart Murmur, Kidney Disease, Mental Illness/Depression/Anxiety, Rheumatic Fever, Kidney Stones, Nervous Breakdown, Heart Attack, Protein, Sugar or Blood in Urine, Any Sexually Transmitted Disease, Abnormal Heart Rhythm, Joint Pain/Arthritis, Contagious Disease, Heart Disease, Back Strain or Injury, Prior Military Service, Cardiac Stent or Angioplasty, Spine Problems, Other Illness or Injury or Any Other Medical Condition, Herniated Disc or Sciatica.

For Females ONLY: Irregular Menses, Painful Menses, Pregnancy, Last Menstrual Period.

PLEASE EXPLAIN THE DETAILS OF EACH ITEM CHECKED YES

14. LIST ALL SURGERIES YEAR

15. LIST ALL HOSPITALIZATIONS YEAR

16. LIST ALL INJURIES YEAR

17. LIST ALL MEDICATIONS, PRESCRIPTION OR OVER THE COUNTER

18. ANSWER THE FOLLOWING QUESTIONS: Table with questions about physical defects, employment, allergies, and medical care.

COMMENTS:



19. My Personal Physician is: Name _____
 Address _____
 City, State _____
 Phone Number _____

20. DIVING HISTORY How long have you been commercial diving? _____

Surface Air Diving History		Saturation Diving History		
Maximum Depth Surface Air	_____	Heliox	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maximum Depth Surface Mixed Gas	_____	Trimix	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Longest Bottom Time Air	_____	Nitrox	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Longest Bottom Time Mixed Gas	_____			
				Maximum Depth _____
				Maximum Duration (Days) _____

21. DIVING EXPERIENCE (Number of years experience):
 Name of Diving School _____
 Air _____
 Mixed Gases _____
 Saturation _____

22. INDICATE THE NUMBER OF DECOMPRESSION INCIDENTS
 If None put 0 (Zero) List any residuals
 Bends, pain only _____
 Bends, neurological _____
 Chokes _____
 Inner ear _____

23. IN DIVING HAVE YOU HAD A HISTORY OF: (Provide details of dates and severity)

	Yes	No	Details		Yes	No	Details
Gas Embolism	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lung Squeeze	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oxygen Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	_____	Near Drowning	<input type="checkbox"/>	<input type="checkbox"/>	_____
CO ₂ Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	_____	Asphyxiation	<input type="checkbox"/>	<input type="checkbox"/>	_____
CO Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	_____	Vertigo (Dizziness)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ear/Sinus Squeeze	<input type="checkbox"/>	<input type="checkbox"/>	_____	Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ear Drum Rupture	<input type="checkbox"/>	<input type="checkbox"/>	_____	Nitrogen Narcosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deafness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	_____

24. Have you been involved in a diving accident (decompression sickness or others) since your last physical examination? Yes No

25. Date of last physical examination: _____ Name of Physician who performed your last exam _____
 For what company or organization were you last examined? _____ Address of Physician _____
 _____ City, State _____

26. Have you ever had any of the following? If so, give approximate date:

Yes	No	Give Date	Yes	No	Give Date
<input type="checkbox"/>	<input type="checkbox"/>	Chest X-Ray _____	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary Function Studies _____
<input type="checkbox"/>	<input type="checkbox"/>	Longbone Series _____	<input type="checkbox"/>	<input type="checkbox"/>	Audiogram _____
<input type="checkbox"/>	<input type="checkbox"/>	Back (Spine) X-Ray _____	<input type="checkbox"/>	<input type="checkbox"/>	EKG _____
<input type="checkbox"/>	<input type="checkbox"/>	MRI _____	<input type="checkbox"/>	<input type="checkbox"/>	Exercise (Stress) EKG _____

27. Physician Remarks: _____

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT LEAVING OUT OR MISREPRESENTING FACTS CALLED FOR ABOVE MAY BE CAUSE FOR REFUSAL OF EMPLOYMENT OR SEPARATION FROM THE COMPANY. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE COMPANY MEDICAL EXAMINER WITH A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY PHYSICAL EXAM.



**Association of Diving Contractors International
PHYSICAL EXAMINATION FORM**

Employer		Date		Date of Birth		Age	
1. Last Name			First Name		Middle Name		2. Last 4 No. of SSN or PASSPORT No.
3. Height (inches)		4. Weight (pounds)		5. Body Fat (%) (Optional)		6. BMI (Optional)	
7. Temperature		8. Blood Pressure /		9. Pulse/Rhythm		10. General Appearance/Hygiene	11. Build
12. Distant Vision: R. 20/ _____ Corr. to 20/ _____ L. 20/ _____ Corr. to 20/ _____			13. Near Vision: Jaeger R. 20/ _____ Near Vision Corrected R. 20/ _____ L. 20/ _____ L. 20/ _____			14. Color Vision (Test Performed and Results)	
15. Field of Vision (Degrees) R ° L °			16. Contact Lenses <input type="checkbox"/> Yes <input type="checkbox"/> No				
NORMAL	ABNORMAL	Check each item in appropriate column (enter NE for Not Evaluated)				REMARKS	
		17. Head, Face, Scalp					
		18. Neck					
		19. Eyes					
		20. Ears – General (internal and external canal)					
		21. Eustachian Tube Function					
		22. Tympanic Membrane					
		23. Nose (Septal Alignment)					
		24. Sinuses					
		25. Mouth and Throat					
		26. Chest					
		27. Lungs					
		28. Heart (Thrust, Size, Rhythm, Sounds)					
		29. Pulses (Equality, etc.)					
		30. Vascular System (Varicosities, etc.)					
		31. Abdomen and Viscera					
		32. Hernia (All Types)					
		33. Endocrine System					
		34. G-U System					
		35. Upper Extremities (Strength, ROM)					
		36. Lower Extremities (Except Feet)					
		37. Feet					
		38. Spine					
		39. Skin, Lymphatics					
		40. Anus and Rectum					
		41. Sphincter Tone					

NEUROLOGICAL EXAMINATION

42. CRANIAL NERVES

		NORMAL	ABNORMAL	NE
I	Olfactory			
II	Optic			
III	Oculomotor			
IV	Trochlear			
V	Trigeminal			
VI	Abducens			

		NORMAL	ABNORMAL	NE
VII	Facial			
VIII	Auditory			
IX	Glossopharyngeal			
X	Vagus			
XI	Spinal Accessory			
XII	Hypoglossal			

43. REFLEXES

DEEP TENDON

	Left					Right				
	0	1	2	3	4	0	1	2	3	4
Triceps										
Biceps										
Patella										
Achilles										

PATHOLOGICAL

	Left		Right	
	Present	Absent	Present	Absent
Babinski				
Hoffman				
Ankle Clonus				

SUPERFICIAL

	Present	Absent	NE
	Upper Abdomen		
Lower Abdomen			
Cremasteric			

44. CEREBELLAR FUNCTION

	0	1	2	3	4
	Ataxia				
Tremor (intention)					
Finger to Nose					
Heel to Shin (Sliding)					
Rapidly Alternating Movements					

45. MUSCLE

	STRENGTH					TONE	
	1	2	3	4	5	Normal	Abnormal
Right Upper Extremity							
Left Upper Extremity							
Right Lower Extremity							
Left Lower Extremity							

46. PROPIOCEPTION

	Left		Right	
	Normal	Abnormal	Normal	Abnormal
Joint Position Sense				
Stereognosis				
Vibratory Sensation				

47. NYSTAGMUS

	Present	Absent
End Point Lateral Gaze		
Pathological		

48. SENSATION

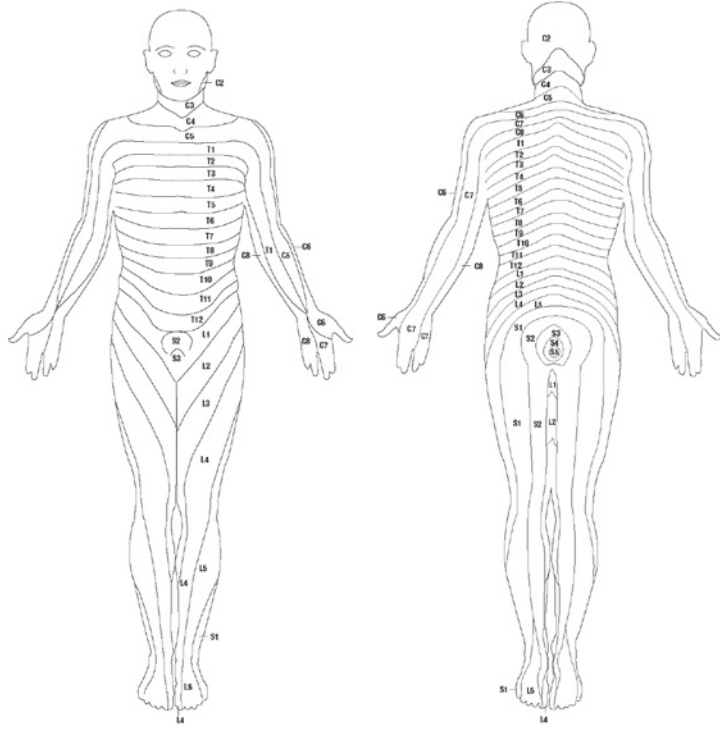
	Normal	Abnormal
	Hot	
Cold		

49. RHOMBERG

	Two Point Discrimination	
	Absent	Present
Normal		
Abnormal		



50. MISCELLANEOUS REMARKS



LABORATORY FINDINGS

51. Urinalysis Color _____ Appearance _____ Sp. Gravity _____ Ph _____ Microscopic Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (See report)	Sugar _____ Blood _____ Ketones _____ Bilirubin _____ Protein _____	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width:12.5%;">0</th> <th style="width:12.5%;">1+</th> <th style="width:12.5%;">2+</th> <th style="width:12.5%;">3+</th> <th style="width:12.5%;">4+</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	0	1+	2+	3+	4+																					52. Blood Tests CBC Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Pos <input type="checkbox"/> Neg Attach Reports RPR <input type="checkbox"/> Pos <input type="checkbox"/> Neg
0	1+	2+	3+	4+																								
53. Cardiac Risk Score No. of Points _____ 10 year risk _____																												
54. Pulmonary Function FVC _____ FEV1 _____ FEV1/FVC _____	55. X-ray/MRI Normal Abnormal (Describe) Chest <input type="checkbox"/> <input type="checkbox"/> _____ Lumbar Spine <input type="checkbox"/> <input type="checkbox"/> _____ Long Bones <input type="checkbox"/> <input type="checkbox"/> _____ MRI <input type="checkbox"/> <input type="checkbox"/> _____																											
56. Electrocardiogram Static _____ Exercise Stress _____	57. Audiogram <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width:10%;">Hz</th> <th style="width:10%;">500</th> <th style="width:10%;">1000</th> <th style="width:10%;">2000</th> <th style="width:10%;">3000</th> <th style="width:10%;">4000</th> <th style="width:10%;">6000</th> <th style="width:10%;">8000</th> </tr> <tr> <td>Left</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Right</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	Hz	500	1000	2000	3000	4000	6000	8000	Left								Right										
Hz	500	1000	2000	3000	4000	6000	8000																					
Left																												
Right																												
58. Comprehensive Metabolic Panel Attach Report <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Lipid Panel (if done) Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Comments: _____	59. Drug Screen <input type="checkbox"/> Not collected <input type="checkbox"/> Collected, results sent to employer																											

Work Status:
 Fit for diving
 Cleared for supervisor
 Cleared for topside work only
 Cleared with restrictions: _____
 Further evaluation needed: _____
 Unfit for diving : _____
 Unfit

Comments: _____

Examinee Name _____
 Physician Signature _____
 Physician Name _____
 Address _____
 Phone Number _____
 Date of Examination _____



2.4.4 NEUROPSYCHIATRIC

The nature of diving duties requires a careful appraisal of the individual's emotional and temperamental fitness. Personality disorders, bipolar disorders, psychosis, instability and anti-social traits shall be disqualifying. Any psychiatric condition requiring medication may be disqualifying. Temporary situational depression may be approved on low-dose antidepressants that do not affect seizure thresholds or have any side effects of CNS depression. Any past or present evidence of psychiatric illness shall be cause for rejection unless the examining doctor can be confident that it is of a minor nature and unlikely to occur.

Particular attention should be paid to any past or present evidence of alcohol or drug abuse. The diver may not be taking steroids or any illicit substances. Any abnormalities should be noted in block No. 52 of the physical examination form.

Past or current symptoms of neuropsychiatric disorder or organic disease of the nervous system shall be disqualifying. No individual with a history of any form of epilepsy, or head injury with sequelae, or personality disorder shall be accepted. Neurotic trends, emotional adjustment, shall be disqualifying. Stammering or other speech impediment that might become manifest under excitement is disqualifying. Intelligence must be at least normal. Any abnormalities should be noted in block No. 52 of the physical examination form.

2.4.5 MEDICATIONS

The following medications are disqualifying:

1. Amphetamines (including lisdexamfetamine dimesylate) and designer drugs (substituted methylenediosphenethylamines including MDMA, MMDA, FLEA, EDMA, EFLEA, MDOH, EBDB, MDEA, 5-methyl-MDA and others),
2. Marijuana and synthetic forms of marijuana
3. Phencyclidine (PCP)
4. Cocaine
5. Opioids, naturally occurring and synthetics
6. Phosphodiesterase inhibitors such as erectile dysfunction medications
7. Immunosuppressants not recommended in saturation diving
8. Tramadol
9. All antidepressants except low dose sertraline used for mild situational depression
10. All antipsychotic medications
11. Muscle relaxants
12. All forms of insulin
13. Oral hypoglycemic medication
14. Anticoagulants or platelet inhibitors
15. Benzodiazepines
16. Barbiturates
17. Anxiolytic and/or hypnotic medications
18. Nicotine patches – must be removed while diving
19. Varenicline
20. Bupropion
21. Beta blockers

2.4.6 DISCLAIMER

Because of the lack of medical literature concerning commercial diving, these guidelines were developed as a consensus among diving physicians and are intended for only that purpose. The diving medical examiner may use discretion in deviating from these guidelines on an individual basis given the circumstances.



2.4.7 BMI TABLES

BMI Table										
Height (inches)	BMI									
	19	20	21	22	23	24	25	26	27	28
	Body Weight (pounds)									
58	91	96	100	105	110	115	119	124	129	134
59	94	99	104	109	114	119	124	128	133	138
60	97	102	107	112	118	123	128	133	138	143
61	100	106	111	116	122	127	132	137	143	148
62	104	109	115	120	126	131	136	142	147	153
63	107	113	118	124	130	135	141	146	152	158
64	110	116	122	128	134	140	145	151	157	163
65	114	120	126	132	138	144	150	156	162	168
66	118	124	130	136	142	148	155	161	167	173
67	121	127	134	140	146	153	159	166	172	178
68	125	131	138	144	151	158	164	171	177	184
69	128	135	142	149	155	162	169	176	182	189
70	132	139	146	153	160	167	174	181	188	195
71	136	143	150	157	165	172	179	186	193	200
72	140	147	154	162	169	177	184	191	199	206
73	144	151	159	166	174	182	189	197	204	212
74	148	155	163	171	179	186	194	202	210	218
75	152	160	168	176	184	192	200	208	216	224
76	156	164	172	180	189	197	205	213	221	230

BMI Table										
Height (Centimeters)	BMI									
	19	20	21	22	23	24	25	26	27	28
	Body Weight (kilograms)									
147.3	41.3	43.5	45.4	47.6	49.9	52.2	54.0	56.2	58.5	60.8
149.9	42.6	44.9	47.2	49.4	51.7	54.0	56.2	58.1	60.3	62.6
152.4	44.0	46.3	48.5	50.8	53.5	55.8	58.1	60.3	62.6	64.9
154.9	45.4	48.1	50.3	52.6	55.3	57.6	59.9	62.1	64.9	67.1
157.5	47.2	49.4	52.2	54.4	57.2	59.4	61.7	64.4	66.7	69.4
160.0	48.5	51.3	53.5	56.2	59.0	61.2	64.0	66.2	68.9	71.7
162.6	49.9	52.6	55.3	58.1	60.8	63.5	65.8	68.5	71.2	73.9
165.1	51.7	54.4	57.2	59.9	62.6	65.3	68.0	70.8	73.5	76.2
167.6	53.5	56.2	59.0	61.7	64.4	67.1	70.3	73.0	75.7	78.5
170.2	54.9	57.6	60.8	63.5	66.2	69.4	72.1	75.3	78.0	80.7
172.7	56.7	59.4	62.6	65.3	68.5	71.7	74.4	77.6	80.3	83.5
175.3	58.1	61.2	64.4	67.6	70.3	73.5	76.7	79.8	82.6	85.7
177.8	59.9	63.0	66.2	69.4	72.6	75.7	78.9	82.1	85.3	88.5
180.3	61.7	64.9	68.0	71.2	74.8	78.0	81.2	84.4	87.5	90.7
182.9	63.5	66.7	69.9	73.5	76.7	80.3	83.5	86.6	90.3	93.4
185.4	65.3	68.5	72.1	75.3	78.9	82.6	85.7	89.4	92.5	96.2
188.0	67.1	70.3	73.9	77.6	81.2	84.4	88.0	91.6	95.3	98.9
190.5	68.9	72.6	76.2	79.8	83.5	87.1	90.7	94.3	98.0	101.6
193.0	70.8	74.4	78.0	81.6	85.7	89.4	93.0	96.6	100.2	104.3



2.4.8 BODY FAT TABLE AND BODY FAT PERCENTAGES COMPARISON TABLE

Body Fat Percentages Comparison Table		
Fat Level	Men (%)	Women (%)
Very Low	7-10	14-17
Low	10-13	17-20
Average	13-17	20-27
High	17-25	27-31
Very High	above 25	above 31

2.4.9 MAXIMUM ALLOWABLE WEIGHT CHART

Maximum Allowable Weight Chart		
Males Weight in Pounds	Height (inches)	Females Weight in Pounds
170	60	170
176	61	174
182	62	179
188	63	182
194	64	187
200	65	192
206	66	196
212	67	200
218	68	204
225	69	209
230	70	212
235	71	217
241	72	222
247	73	225
253	74	230
259	75	234
265	76	239
271	77	243
277	78	248
283	79	252
289	80	255