Dive Physical Requirements

Dive physical must be complete and submitted to the school prior to enrollment in the program.

- Schedule and complete ADCI Medical History and Examination Forms (included in this packet), ensuring the following tests are conducted:
  - Audiogram
  - Visual Acuity
  - Color Blindness
  - Complete Blood Count (CBC)
  - Routine Urinalysis
  - Spirometry / Pulmonary Function Test (PFT)
  - Chest X-Ray Results
  - Ten (10) Panel Drug Test (includes marijuana)

- Submit completed ADCI Medical History and Examination Forms, signed by the physician.

- Dive physical documents can be scanned and emailed to nupolytech@nu.edu, faxed to (858) 309-3510, or mailed to:

  National University Polytechnic Institute
  3570 Aero Court
  San Diego, CA 92123

Recommended Dive Physicians

San Diego Sports Medicine – Sorrento Valley
4010 Sorrento Valley Blvd #300
San Diego, CA 92121
(858) 793-7860

VA San Diego Healthcare System
3350 La Jolla Village Dr.
San Diego, CA 92161
(858) 552-8585
(800) 331-8387

San Diego Sports Medicine – College Area
6699 Alvarado Road Ste 2100
San Diego, CA 92120
(619) 229-3909

The Dive Physical can be administered by any licensed physician qualified to perform Commercial Diver Medical Examinations.

Please call (800) 432-3483 for any questions related to the dive physical or other required documents.
# ADCI MEDICAL HISTORY AND EXAMINATION FORMS

## Association of Diving Contractors International

### MEDICAL HISTORY FORM

<table>
<thead>
<tr>
<th>Employer</th>
<th>Job Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Convulsions or Seizures
- Epilepsy
- Concussion or Head Injury
- Severe Motion Sickness
- Unconsciousness
- Fainting Spells
- Wear Contacts/Glasses
- Color Vision Defect
- Eye Disease or Injury
- Eye Surgery
- Hearing Loss
- Ear Disease or Injury
- Ear Surgery
- Perforated Eardrum
- Difficulty Clearing
- Nose Bleed
- Airway Obstruction
- Hay Fever or Allergies
- Chest Pain
- Heart Murmur
- Heart Attack
- Abnormal Heart Rhythm
- Heart Disease
- Cardiac Stent or Angioplasty
- For Females ONLY

**PLEASE EXPLAIN THE DETAILS OF EACH ITEM CHECKED YES**

14. LIST ALL SURGERIES

<table>
<thead>
<tr>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

15. LIST ALL HOSPITALIZATIONS

<table>
<thead>
<tr>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

16. LIST ALL INJURIES

<table>
<thead>
<tr>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

17. LIST ALL MEDICATIONS, PRESCRIPTION OR OVER THE COUNTER

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. ANSWER THE FOLLOWING QUESTIONS:

<table>
<thead>
<tr>
<th>Every Item Checked Yes Must Be Fully Explained Below</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any physical defects or any partial disabilities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever resigned, been terminated, or changed jobs for medical reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been rejected or rated for insurance, employment, license, or armed forces for health reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had illnesses, injuries, or lost time accidents from any work that you have done?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been advised to have a surgical operation or medical treatment that has not been done?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you presently under the care of a physician? Give physician’s name and address on the next page.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**

---

**Page 1 of 4**
2.4 International Consensus Standards For Commercial Diving And Underwater Operations

19. **My Personal Physician is:**
   - Name: ____________________________________________
   - Address: ____________________________________________
   - City, State: ____________________________________________
   - Phone Number: ____________________________________________

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

<table>
<thead>
<tr>
<th>Surface Air Diving History</th>
<th>Saturation Diving History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Depth Surface Air</td>
<td>Heliox Yes ☐ No ☐</td>
</tr>
<tr>
<td>Maximum Depth Surface Mixed Gas</td>
<td></td>
</tr>
<tr>
<td>Longest Bottom Time Air</td>
<td>Trimix Yes ☐ No ☐</td>
</tr>
<tr>
<td>Longest Bottom Time Mixed Gas</td>
<td></td>
</tr>
</tbody>
</table>

21. **DIVING EXPERIENCE (Number of years experience):**
   - Name of Diving School: ____________________________________________
   - Air __________
   - Mixed Gases __________
   - Saturation __________

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

23. **IN DIVING HAVE YOU HAD A HISTORY OF:**
    **(Provide details of dates and severity)**
    - Gas Embolism ☐ ☐ Details __________
    - Oxygen Toxicity ☐ ☐ Details __________
    - CO₂ Toxicity ☐ ☐ Details __________
    - CO Toxicity ☐ ☐ Details __________
    - Ear/Sinus Squeeze ☐ ☐ Details __________
    - Ear Drum Rupture ☐ ☐ Details __________
    - Deafness ☐ ☐ Details __________

24. **Have you ever 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:** ____________________________________________
    **Address of Physician:** ____________________________________________
    **City, State:** ____________________________________________

26. **Have you ever had any of the following? If so, give approximate date:**
    **Yes No Give Date**
    - Chest X-Ray ☐ ☐ __________
    - Longbone Series ☐ ☐ __________
    - Back (Spine) X-Ray ☐ ☐ __________
    - MRI ☐ ☐ __________
    - Pulmonary Function Studies ☐ ☐ __________
    - Audiogram ☐ ☐ __________
    - EKG ☐ ☐ __________
    - 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.

**Date** __________  **Signature** __________
# Association of Diving Contractors International

## PHYSICAL EXAMINATION FORM

<table>
<thead>
<tr>
<th>Employer Date</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Last Name First Name Middle Name 2. Last 4 No. of SSN or PASSPORT No.

### PHYSICAL EXAMINATION FORM

3. Height (inches) 4. Weight (pounds) 5. Body Fat (%) (Optional) 6. BMI (Optional)

<table>
<thead>
<tr>
<th>Temperature</th>
<th>Blood Pressure</th>
<th>Puls/Rhythm</th>
<th>General Appearance/Hygiene</th>
<th>Build</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distant Vision:</th>
<th>Near Vision: Jaeger</th>
<th>Near Vision Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>R: 20/</td>
<td>L: 20/</td>
<td>R: 20/</td>
</tr>
<tr>
<td>Corr. to 20/</td>
<td>Corr. to 20/</td>
<td>L: 20/</td>
</tr>
</tbody>
</table>


### NEUROLOGICAL EXAMINATION

#### 42. CRANIAL NERVES

<table>
<thead>
<tr>
<th>I Olfactory</th>
<th>II Optic</th>
<th>III Oculomotor</th>
<th>IV Trochlear</th>
<th>V Trigeminal</th>
<th>VI Abducens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Abnormal</td>
<td>NE</td>
<td>Normal</td>
<td>Abnormal</td>
<td>NE</td>
</tr>
<tr>
<td>VII Facial</td>
<td>VIII Auditory</td>
<td>IX Olfactory</td>
<td>X Vagus</td>
<td>XI Spinal Accessory</td>
<td>XII Hypoglossal</td>
</tr>
</tbody>
</table>

#### 43. REFLEXES

<table>
<thead>
<tr>
<th>Deep Tendon</th>
<th>Pathological</th>
<th>Superficial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triceps</td>
<td>Babinaki</td>
<td>Present</td>
</tr>
<tr>
<td>Biceps</td>
<td>Hoffman</td>
<td>Present</td>
</tr>
<tr>
<td>Patella</td>
<td>Ankle Clonus</td>
<td>Present</td>
</tr>
</tbody>
</table>

#### 44. CEREBELLAR FUNCTION

<table>
<thead>
<tr>
<th>Ataxia</th>
<th>Tremor (intention)</th>
<th>Finger to Nose</th>
<th>Heel to Shin (Sliding)</th>
<th>Rapidly Alternating Movements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Abnormal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
</tbody>
</table>

#### 46. PROPRIOCEPTION

<table>
<thead>
<tr>
<th>Joint Position Sense</th>
<th>Stereognosis</th>
<th>Vibratory Sensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Abnormal</td>
<td>Normal</td>
</tr>
</tbody>
</table>

#### 47. NYSTAGMUS

End Point Lateral Gaze: Present Absent Pathological

#### 48. SENSATION

<table>
<thead>
<tr>
<th>Hot</th>
<th>Cold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp</td>
<td>Soft</td>
</tr>
<tr>
<td>Normal</td>
<td>Abnormal</td>
</tr>
</tbody>
</table>

#### 49. RHOMBERG

<table>
<thead>
<tr>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
</tr>
<tr>
<td>Absent</td>
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</tbody>
</table>
International Consensus Standards For Commercial Diving And Underwater Operations

50. MISCELLANEOUS REMARKS

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### 2.3.4 TABLE 1 - MEDICAL TESTS FOR DIVING

<table>
<thead>
<tr>
<th>Test</th>
<th>Initial</th>
<th>Annual</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>History &amp; Physical</td>
<td>X</td>
<td>X</td>
<td>Include predisposition to unconsciousness, vomiting, cardiac arrest, impairment of oxygen transport, serious blood loss or anything that, in the opinion of the examining physician, will interfere with effective underwater work.</td>
</tr>
<tr>
<td>Chest X-ray</td>
<td>X</td>
<td>X</td>
<td>PA and lateral (Projection: 14” x 17” minimum) every three years unless medical conditions dictate otherwise.</td>
</tr>
<tr>
<td>Bone and Joint X-ray Survey</td>
<td></td>
<td></td>
<td>Optional and as medically indicated.</td>
</tr>
<tr>
<td>EKG: Standard (12 Leads)</td>
<td>X</td>
<td></td>
<td>Optional initially to establish baseline; annually after age 35; and as medically indicated.</td>
</tr>
<tr>
<td>EKG: Stress Test</td>
<td></td>
<td></td>
<td>Required as medically indicated if the Framingham Risk Score indicates risk of &gt;10%.</td>
</tr>
<tr>
<td>Spirometry</td>
<td>X</td>
<td>X</td>
<td>Required including FVC, FEV1 and FEF25-75. Tests should be compared with NHANESIII reference values for determining percent of predicted</td>
</tr>
<tr>
<td>Audiogram</td>
<td>X</td>
<td>X</td>
<td>Threshold audiogram by pure tone audiometry; bone conduction audiogram as medically indicated.</td>
</tr>
<tr>
<td>EEG</td>
<td></td>
<td></td>
<td>Required only as medically indicated.</td>
</tr>
<tr>
<td>Visual Acuity</td>
<td>X</td>
<td>X</td>
<td>Required initially and annually.</td>
</tr>
<tr>
<td>Color Blindness</td>
<td>X</td>
<td></td>
<td>Required.</td>
</tr>
<tr>
<td>Complete Blood Count</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Routine Urinalysis</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pregnancy Test</td>
<td></td>
<td></td>
<td>Recommended prior to saturation diving.</td>
</tr>
<tr>
<td>Sickle Cell Screen</td>
<td></td>
<td></td>
<td>Optional.</td>
</tr>
<tr>
<td>TB screening</td>
<td></td>
<td></td>
<td>Optional.</td>
</tr>
<tr>
<td>Comprehensive Metabolic Profile</td>
<td></td>
<td></td>
<td>Optional, including cholesterol and triglycerides required for divers over 40.</td>
</tr>
<tr>
<td>Framingham Risk Score</td>
<td></td>
<td>X</td>
<td>Required annually after the age of 35</td>
</tr>
</tbody>
</table>

### 2.3.5 PHYSICIAN’S WRITTEN REPORT

A written report outlining a person's medical condition and fitness to engage in commercial diving or other hyperbaric activities should be provided by the examining physician at any time a physical examination is required herein. The written physical examination form should be accompanied with a completed copy of the standard ADCI medical history form.

The examining physician should be qualified by experience or training to conduct the commercial diver physical examination.

### 2.3.6 DISQUALIFYING CONDITIONS

A person having any of the following conditions, as determined by a physician's examination, shall be disqualified from engaging in diving or other hyperbaric activities.

- History of seizure disorder other than early childhood febrile conditions.
- Cystic, bullous or cavitary disease of the lungs, significant obstructive or restrictive lung disease and/or spontaneous pneumothorax.
- Chronic inability to equalize sinus and middle ear pressure.
- Significant central or peripheral nervous system disease or impairment.
- Chronic alcoholism, drug abuse or dependence or history of psychosis.
- Hemoglobinopathies associated with comorbidities.
- Any person engaged as a diver, or otherwise exposed to hyperbaric conditions, will have a medical evaluation following any non-diving injury or illness that requires any prescription medication, any surgical procedure or any hospitalization.
- Untreated or persistent/metastatic or other significant malignancies including those that require chemotherapy and/or radiation therapy unless five years after treatment with no evidence of recurrence.
- Hearing impairment in the better ear should be at least 40 dB average in the 500, 1000, and 2000 Hz frequencies.
- Justa-articular osteonecrosis is disqualifying.
- Chronic conditions requiring continuous control by medication that increases risks in diving.
- Pregnancy.
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.

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<tbody>
<tr>
<td>1</td>
<td>Name</td>
<td>Record.</td>
</tr>
<tr>
<td>2</td>
<td>Social Security Number or Passport Number</td>
<td>Record.</td>
</tr>
<tr>
<td>3</td>
<td>Height</td>
<td>No set limits.</td>
</tr>
<tr>
<td>4</td>
<td>Weight</td>
<td>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.</td>
</tr>
<tr>
<td>5</td>
<td>Body Fat</td>
<td>Optional. According to US Navy, 23% for males, 34% for females.</td>
</tr>
<tr>
<td>6</td>
<td>Body Mass Index (BMI)</td>
<td>Optional. Calculation for BMI = (weight in pounds x 703) height in inches². The maximum BMI allowable according to the U.S. Navy height and weight table is 28.</td>
</tr>
<tr>
<td>7</td>
<td>Temperature</td>
<td>The diver should be free of any infection/disease that would cause an abnormal temperature.</td>
</tr>
<tr>
<td>8</td>
<td>Blood Pressure</td>
<td>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.</td>
</tr>
<tr>
<td>9</td>
<td>Pulse/Rhythm</td>
<td>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.</td>
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<tr>
<td>10</td>
<td>General Appearance/ Hygiene</td>
<td>Should be good.</td>
</tr>
<tr>
<td>11</td>
<td>Distant Vision</td>
<td>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.</td>
</tr>
<tr>
<td>12</td>
<td>Near Vision</td>
<td>Correctable to 20/40.</td>
</tr>
<tr>
<td>13</td>
<td>Color Vision</td>
<td>Record. Color blindness does not disqualify for diving, but diver must have color vision specific for duties.</td>
</tr>
<tr>
<td>14</td>
<td>Field of Vision</td>
<td>Should be normal, with any discrepancies documented. A minimum of 85 degrees field of vision is required.</td>
</tr>
<tr>
<td>15</td>
<td>Contact Lenses</td>
<td>Record if used. Appropriate lenses for diving may be used (gas permeable/fenestrated hard lens). Vision must be recorded with and without contact lenses.</td>
</tr>
<tr>
<td>16</td>
<td>Head, Face and Scalp</td>
<td>Some causes for rejection may include: 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.</td>
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<tr>
<td>17</td>
<td>Neck</td>
<td>Conditions affecting the neck must not impair the diver to cause insufficient range of motion. The causes for rejection may include: 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.</td>
</tr>
<tr>
<td>18</td>
<td>Eyes</td>
<td>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.</td>
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<tr>
<td>19</td>
<td>Fundus</td>
<td>Optional. No pathology.</td>
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<tr>
<td>20</td>
<td>Through # 24</td>
<td>The following conditions are disqualifying: 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. 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.</td>
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<tr>
<td>25</td>
<td>Mouth and Throat</td>
<td>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.</td>
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<tr>
<td>26</td>
<td>Chest (include breasts)</td>
<td>Note any chest deformities, breast abnormalities or masses.</td>
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<tr>
<td>27</td>
<td>Lungs</td>
<td>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.</td>
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<tr>
<td>28</td>
<td>Heart (thrust, size, rhythm, sounds)</td>
<td>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.</td>
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<tr>
<td>29</td>
<td>Pulse</td>
<td>Record. Peripheral pulses should be regular, full and symmetric.</td>
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<td>30</td>
<td><strong>Vascular System (varicosities, etc.)</strong></td>
<td>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.</td>
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| 31 | **Abdomen and Viscera** | 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)** | 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. |
<p>| 35 | <strong>Upper Extremities (strength, ROM)</strong> | 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 | <strong>Lower Extremities, Except Feet</strong> | 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 | <strong>Feet</strong> | 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 | <strong>Spine</strong> | 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 | <strong>Skin and Lymphatic System</strong> | Active, acute or chronic disease of the skin or lymphatic system may be disqualifying. Tattoos must be fully healed prior to diving. |
| 40 | <strong>Anus and Rectum</strong> | Any conditions that interfere with normal function (e.g., stricture, prolapse, severe hemorrhoids) may be disqualifying. |
| 41 | <strong>Sphincter Tone</strong> | Note and record. |
|   | <strong>Neurological Exam (42-49)</strong> | A full examination of the central and peripheral nervous system should show normal function, but localized minor abnormalities, such as patches of anesthestia, 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. |</p>
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<tr>
<td>42</td>
<td>Cranial Nerves</td>
<td>Examine, evaluate and record.</td>
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<tr>
<td>43</td>
<td>Reflexes</td>
<td>Should be symmetrical and free from pathology. Document any abnormalities. Pathological reflexes should be evaluated. Asymmetrical reflexes should be documented.</td>
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<tr>
<td>44</td>
<td>Cerebellar Function</td>
<td>Test and record.</td>
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<tr>
<td>45</td>
<td>Strength and Tone of Muscles</td>
<td>Examine and record. Note any atrophy or loss of tone.</td>
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<tr>
<td>46</td>
<td>Propioception/ Stereognosis</td>
<td>Examine and record.</td>
</tr>
<tr>
<td>47</td>
<td>Nystagmus</td>
<td>Do and record. Congenital nystagmus is not necessarily disqualifying. End point lateral gaze nystagmus is considered normal.</td>
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<tr>
<td>48</td>
<td>Sensations and Vibration</td>
<td>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.</td>
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<tr>
<td>49</td>
<td>Romberg</td>
<td>Do and record. May perform romberg for up to two minutes.</td>
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<tr>
<td>50</td>
<td>Miscellaneous Remarks and Dermatome Diagram</td>
<td>Record findings and comments.</td>
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<tr>
<td>51</td>
<td>Urinalysis</td>
<td>Includes color pH, specific gravity, glucose, albumin and micro, and all results should be within normal limits.</td>
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<tr>
<td>52</td>
<td>Blood Tests</td>
<td>Hematology: Any significant anemia or history of hemolytic disease must be evaluated. When due to a variant hemoglobin state, it shall be disqualifying.</td>
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<tr>
<td>53</td>
<td>Spirometry</td>
<td>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.</td>
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</table>
| 54 | X-ray/Imaging | 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. |