

## 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](mailto: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.







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 treatment.

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 <sub>2</sub> 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_



**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 L. 20/ _____ R. 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			NORMAL	ABNORMAL	NE
I	Olfactory				VII	Facial			
II	Optic				VIII	Auditory			
III	Oculomotor				IX	Glossopharyngeal			
IV	Trochlear				X	Vagus			
V	Trigeminal				XI	Spinal Accessory			
VI	Abducens				XII	Hypoglossal			

**43. REFLEXES**

		<b>DEEP TENDON</b>												<b>PATHOLOGICAL</b>				<b>SUPERFICIAL</b>			
		Left					Right							Left		Right					
		0	1	2	3	4	0	1	2	3	4			Present	Absent	Present	Absent	Present	Absent	NE	
Triceps												Babinski						Upper Abdomen			
Biceps												Hoffman						Lower Abdomen			
Patella												Ankle Clonus						Cremasteric			
Achilles																					

**44. CEREBELLAR FUNCTION**

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

**45. MUSCLE**

		<b>STRENGTH</b>					<b>STONE</b>	
		1	2	3	4	5	Normal	Abnormal
Right Upper Extremity								
Left Upper Extremity								
Right Lower Extremity								
Left Lower Extremity								

**46. PROPRIOCEPTION**

		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			Normal	Abnormal
Hot				Sharp			
Cold				Soft			

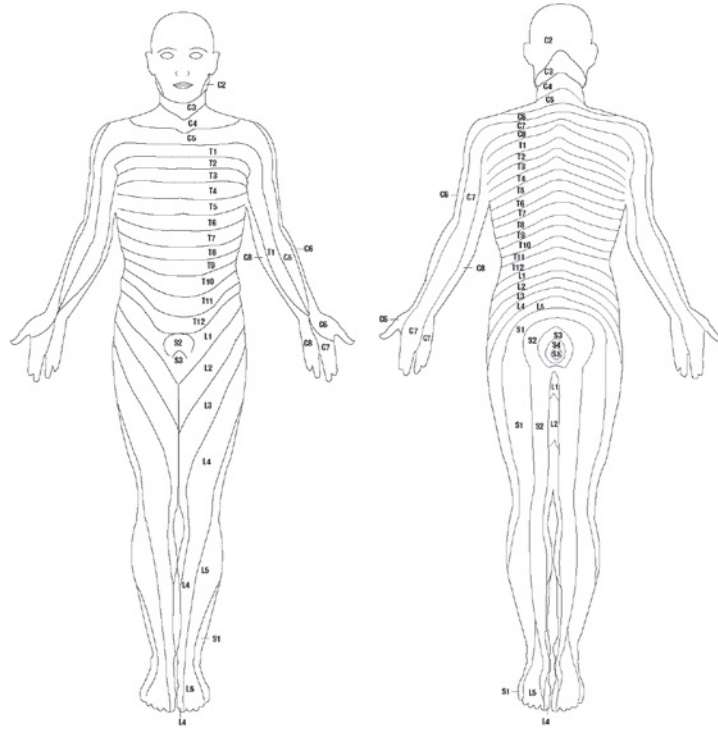
**49. RHOMBERG**

		<b>Two Point Discrimination</b>		Absent	
		Normal		Present	
		Abnormal			



50. MISCELLANEOUS REMARKS

\_\_\_\_\_  
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LABORATORY FINDINGS

<b>51. Urinalysis</b> Color _____ Appearance _____ Sp. Gravity _____ Ph _____ Microscopic Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (See report)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align:center">0</td><td style="text-align:center">1+</td><td style="text-align:center">2+</td><td style="text-align:center">3+</td><td style="text-align:center">4+</td></tr> <tr><td style="text-align:center">Sugar</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align:center">Blood</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align:center">Ketones</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align:center">Bilirubin</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align:center">Protein</td><td></td><td></td><td></td><td></td></tr> </table>	0	1+	2+	3+	4+	Sugar					Blood					Ketones					Bilirubin					Protein					<b>52. Blood Tests</b> 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+																													
Sugar																																	
Blood																																	
Ketones																																	
Bilirubin																																	
Protein																																	
<b>53. Cardiac Risk Score</b> No. of Points _____ 10 year risk _____																																	
<b>54. Pulmonary Function</b> FVC _____ FEV1 _____ FEV1/FVC _____	<b>55. X-ray/MRI</b> Chest <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Lumbar Spine <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Long Bones <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal MRI <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Describe) _____ _____ _____																																
<b>56. ECG</b> Static _____ Exercise Stress _____	<b>57. Audiogram</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>Hz</th><th>500</th><th>1000</th><th>2000</th><th>3000</th><th>4000</th><th>6000</th><th>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																																	
<b>58. Comprehensive Metabolic Panel</b> Attach Report <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<b>Lipid Panel</b> (if done) Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Comments: _____ _____ _____	<b>59. Drug Screen</b> <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 \_\_\_\_\_



2.3.4 TABLE 1 - MEDICAL TESTS FOR DIVING

Test	Initial	Annual	Comments
History & Physical	X	X	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.
Chest X-ray	X	X	PA and lateral (Projection: 14" x 17" minimum) every three years unless medical conditions dictate otherwise.
Bone and Joint X-ray Survey			Optional and as medically indicated.
EKG: Standard (12 Leads)		X	Optional initially to establish baseline; annually after age 35; and as medically indicated.
EKG: Stress Test			Required as medically indicated if the Framingham Risk Score indicates risk of >10%.
Spirometry	X	X	Required including FVC, FEV1 and FEF25-75. Tests should be compared with NHANESIII reference values for determining percent of predicted
Audiogram	X	X	Threshold audiogram by pure tone audiometry; bone conduction audiogram as medically indicated.
EEG			Required only as medically indicated.
Visual Acuity	X	X	Required initially and annually.
Color Blindness	X		Required.
Complete Blood Count	X	X	
Routine Urinalysis	X	X	
Pregnancy Test			Recommended prior to saturation diving.
Sickle Cell Screen			Optional.
TB screening			Optional.
Comprehensive Metabolic Profile			Optional, including cholesterol and triglycerides required for divers over 40.
Framingham Risk Score		X	Required annually after the age of 35

### 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 cavitory 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.

1	<b>Name</b>	Record.
2	<b>Social Security Number or Passport Number</b>	Record.
3	<b>Height</b>	No set limits.
4	<b>Weight</b>	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	<b>Body Fat</b>	Optional. According to US Navy, 23% for males, 34% for females.
6	<b>Body Mass Index (BMI)</b>	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	<b>Temperature</b>	The diver should be free of any infection/disease that would cause an abnormal temperature.
8	<b>Blood Pressure</b>	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	<b>Pulse/Rhythm</b>	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	<b>General Appearance/Hygiene</b>	Should be good.
11	<b>Distant Vision</b>	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	<b>Near Vision</b>	Correctable to 20/40.
13	<b>Color Vision</b>	Record. Color blindness does not disqualify for diving, but diver must have color vision specific for duties.
14	<b>Field of Vision</b>	Should be normal, with any discrepancies documented. A minimum of 85 degrees field of vision is required.
15	<b>Contact Lenses</b>	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	<b>Head, Face and Scalp</b>	Some causes for rejection may include: <ul style="list-style-type: none"> <li>a) Deformities of the skull in the nature of depressions, exostosis, etc., of a degree that would prevent the individual from wearing required equipment.</li> <li>b) Deformities of the skull of any degree associated with evidence of disease of the brain, spinal cord or peripheral nerves.</li> <li>c) Loss or congenital absence of the bony substance of the skull.</li> </ul>





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"> <li>a) Cervical ribs if symptomatic.</li> <li>b) Congenital cysts of bronchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts.</li> <li>c) Fistula, chronic draining, of any type.</li> <li>d) Spastic contraction of the muscles of the neck of a persistent and chronic nature.</li> <li>e) Neural impingement.</li> </ul>
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"> <li>a) Acute disease including vestibular disease.</li> <li>b) Chronic serious otitis.</li> <li>c) Active otitis media.</li> <li>d) Current perforation of the tympanic membrane.</li> <li>e) PE tubes in place.</li> <li>f) Any significant nasal or pharyngeal respiratory obstruction.</li> <li>g) Chronic sinusitis if not readily controlled.</li> <li>h) Speech impediments due to organic defects.</li> <li>i) Inability to equalize pressure due to any cause.</li> <li>j) Recurrent or persistent vertigo.</li> <li>k) Recent piercings are disqualifying until healed.</li> </ul> <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"> <li>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.</li> <li>b) Removable dentures should not be worn while diving.</li> <li>c) Severe dental caries is disqualifying until repaired.</li> </ul>
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	<b>Vascular System (varicosities, etc.)</b>	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	<b>Abdomen and Viscera</b>	<ul style="list-style-type: none"> <li>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.</li> <li>b) Any other chronic gastrointestinal disease (e.g., ulcerative colitis, cholelithiasis) may be cause for rejection.</li> <li>c) Crohn's disease may be disqualifying.</li> <li>d) Hepatitis may be disqualifying.</li> <li>e) Colostomies should be disqualified for saturation diving.</li> </ul>
32	<b>Hernia (all types)</b>	All inguinal or femoral hernias are disqualifying until repaired. Ventral hernias more than one cm must be repaired prior to diving.
33	<b>Endocrine System</b>	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	<b>G-U System (genital-urinary)</b>	<ul style="list-style-type: none"> <li>a) Gonococcal disease, syphilis, chlamydia and genital herpes will disqualify until adequately treated.</li> <li>b) Evidence or history of nephrolithiasis must be fully investigated and treated and may be disqualifying.</li> <li>c) Any renal insufficiency or chronic renal disease may be disqualifying.</li> <li>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.</li> <li>e) Evidence or history of urinary dysfunction or retention must be fully investigated and treated.</li> </ul>
35	<b>Upper Extremities (strength, ROM)</b>	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	<b>Lower Extremities, Except Feet</b>	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	<b>Feet</b>	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	<b>Spine</b>	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	<b>Skin and Lymphatic System</b>	Active, acute or chronic disease of the skin or lymphatic system may be disqualifying. Tattoos must be fully healed prior to diving.
40	<b>Anus and Rectum</b>	Any conditions that interfere with normal function (e.g., stricture, prolapse, severe hemorrhoids) may be disqualifying.
41	<b>Sphincter Tone</b>	Note and record.
	<b>Neurological Exam (42-49)</b>	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	<b>Cranial Nerves</b>	Examine, evaluate and record.
43	<b>Reflexes</b>	Should be symmetrical and free from pathology. Document any abnormalities. Pathological reflexes should be evaluated. Asymmetrical reflexes should be documented.
44	<b>Cerebellar Function</b>	Test and record.
45	<b>Strength and Tone of Muscles</b>	Examine and record. Note any atrophy or loss of tone.
46	<b>Proprioception/ Stereognosis</b>	Examine and record.
47	<b>Nystagmus</b>	Do and record. Congenital nystagmus is not necessarily disqualifying. End point lateral gaze nystagmus is considered normal.
48	<b>Sensations and Vibration</b>	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	<b>Romberg</b>	Do and record. May perform romberg for up to two minutes.
50	<b>Miscellaneous Remarks and Dermatome Diagram</b>	Record findings and comments.
51	<b>Urinalysis</b>	Includes color pH, specific gravity, glucose, albumin and micro, and all results should be within normal limits.
52	<b>Blood Tests</b>	Hematology: Any significant anemia or history of hemolytic disease must be evaluated. When due to a variant hemoglobin state, it shall be disqualifying.
53	<b>Spirometry</b>	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	<b>X-ray/Imaging</b>	<ul style="list-style-type: none"> <li>a) 14 x 17 chest: PA and lateral every three years. No pathology within normal limits.</li> <li>b) Lumbar/sacral spine (optional on new hire).</li> <li>c) Long bones (optional): Any lesions, especially juxta-articular, should be evaluated to determine patient's fitness to dive.</li> <li>d) MRI (optional): Neural impingement or nerve root displacement on MRI examinations are disqualifying.</li> </ul>
55	<b>Electrocardiogram</b>	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	<b>Audiogram Pure Tone</b>	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	<b>Comprehensive Metabolic Panel</b>	Optional.
58	<b>Hemoglobin A1C</b>	Required for any history of diabetes.
59	<b>Lipid Panel</b>	Required for Framingham Risk Calculation. Must be done on divers 35 years and older.
60	<b>Drug Screen</b>	Recommended.