

**MEDICAL EVALUATION CHECKLIST
AND AUTHORIZATION TO DIVE**

LAST NAME	FIRST NAME	MIDDLE NAME	DATE of BIRTH
UNIT DIVE SUPERVISOR NAME		UNIT DIVE SUPERVISOR E-MAIL ADDRESS	
<u>DIVE UNIT</u>		<u>DUTY STATION LOCATION</u>	

TYPE of EXAMINATION – Cross out non-applicable sections

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> INITIAL (39 and younger) | <input type="checkbox"/> INITIAL (40 and older) | <input type="checkbox"/> PERIODIC (39 and younger) | <input type="checkbox"/> PERIODIC (40 and older) |
| Complete Sections 1 and 2 | Complete Sections 1, 2 and 3 | Complete Sections 1 and 4 | Complete Sections 1, 3 and 4 |

Submit all of the documents as indicated for the type of your diving physical examination and diving certification. Attach all test results.

Section 1. All INITIAL and PERIODIC EXAMINATIONS must include the following reports and test results

NOAA Form 57-03-51 Report of Physical Examination – Diver
NOAA Form 57-03-52 Report of Medical History – Diver
Complete Blood Count (CBC)
Complete urinalysis
Near and distant vision tests – results

Section 2. All INITIAL EXAMINATIONS must include these additional test results

Spirometry test – results and interpretation
Audiogram – results and interpretation
Chest X-ray interpretation within the past 24 months (no films)

Section 3. All 40 and OLDER EXAMINATIONS must include these additional test results

12-Lead resting EKG – results and interpretation
Lipid screening – total cholesterol, HDL, LDL, and triglycerides
Hemoglobin (HgA1c) or fasting glucose screening

Section 4. All PERIODIC EXAMINATIONS must include this additional test (SMOKERS ONLY)

Spirometry test – results and interpretation (SMOKERS ONLY)

APPLICANT CERTIFICATION:

I have reviewed the attached medical information and consider the application package to be complete.

APPLICANT NAME	APPLICANT SIGNATURE	DATE
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NOAA DIVING MEDICAL OFFICER APPROVAL:

I have reviewed the attached medical information and have found the applicant named above to be:

- ☐ Medically cleared for NOAA diving duty ☐ Not medically cleared for NOAA diving duty

DIVING MEDICAL OFFICER NAME	DIVING MEDICAL OFFICER SIGNATURE	DATE
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