

REPORT OF PHYSICAL EXAMINATION – DIVER

Instructions to the Examiner: (The Examiner must be a Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner (NP), or Physician's Assistant (PA))

The person requesting this physical examination is an applicant for training or currently participates in diving activities with self-contained underwater breathing apparatus (SCUBA) or other similar equipment. Your opinion of the applicant's medical fitness for diving is requested. The Medical History and Physical Examination forms focus on conditions that may put a diver at increased risk for injuries or other conditions that could lead to decompression sickness or drowning. The diver must be able to withstand some degree of cold stress, pressures of up to six (6) atmospheres, the physiologic effects of immersion, the optical effects of water, and have sufficient physical and mental reserves to deal with underwater emergencies.

Please review the applicant's responses to all items in blocks 5 through 86 on the NOAA Form 57-03-52, Report of Medical History – Diver. All Items must be completed, except men shall leave block 81 unchecked.

Please provide a comprehensive physical examination and complete blocks 5 through 49 on pages 2 through 4 of this form. Summarize any abnormal findings and pertinent data in block 46, provide a recommendation in block 47, and include your name, title, signature, and date in blocks 49a through 49e. Some items include specific directions. Any item not completed will result in the form being returned to you for completion. This will result in a delay in the processing of a dive application or renewal of a diving certification.

The applicant will also provide to you a NOAA Form 57-03-50, Medical Evaluation Checklist. Use this form to determine which laboratory tests and diagnostic studies are required based on the applicant's age and examination type. All above laboratory tests and diagnostic studies as well as the medical history and physical examination must be performed within the previous 12 months with the exception of the chest x-ray, which must be performed within the previous 24 months. If you conduct other laboratory tests or diagnostic studies as part of this physical examination, include copies of these results with the submission of the other required documentation.

Final determination for fitness for diving will be made by the NOAA Diving Program. For questions, contact the NOAA Diving Medical Officer at (206) 526-6474.

Submission of medical qualification documentation must be made by one of the following methods;

Preferred method: E-mailed to: DMO@NOAA.GOV
Subject: Report of Physical Examination – Diver (Last name of diver)

Please use secure file transfer such as Secure Zip or Accellion File Transfer

Or

Second preference: Fax to: 206-529-2759
Attn: NOAA Diving Medical Officer

Or

Third preference: Mailed to: NOAA Diving Medical Officer (DMO)
NOAA Diving Program
7600 Sand Point Way NE
Seattle, WA 98115

REPORT OF PHYSICAL EXAMINATION - DIVER

1a. LAST NAME		1b. FIRST NAME		1c. MIDDLE NAME		2. DATE of BIRTH		3. DATE of EXAM	
4a. WORK ADDRESS						4b. BEST CONTACT PHONE NUMBER			
						4c. WORK E-MAIL ADDRESS			
						4d. ALETERNATE PHONE NUMBER			
5. EXAM TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Periodic		6. AGE		7. GENDER		8. HEIGHT (inches)		9. WEIGHT (pounds)	
10. TEMP. (°F)		11. PULSE		12. BLOOD PRESSURE		2 nd BP (if needed)		3 rd BP (if needed)	
13. VISION CORRECTABLE TO 20/20? Right eye Distant ____ (Y/N) Near ____ (Y/N) Left eye Distant ____ (Y/N) Near ____ (Y/N)				14. CONTACT LENS USE WHILE DIVING OR PRESCRIPTION MASK? YES NO		15. NEAR VISION			
						Right eye 20 / ____ Corrected to 20 / ____ Left eye 20 / ____ Corrected to 20 / ____			
				Normal		Abnormal		Description of abnormality	
16. Head, face and scalp									
17. Neck									
18. Eyes									
19. Fundus									
20. Ears (internal / external canals)									
21. Eustachian tube function, can perform Val Salva									
22. Tympanic membranes									
23. Nose (septal alignment)									
24. Sinuses									
25. Mouth and throat									
26. Dental (loose or decayed teeth)									
27. Lungs and chest (including breasts)									
28. Heart (thrust, size, rhythm, sounds)									
29. Pulses (equality, etc.)									
30. Vascular system (varicosities, etc.)									
31. Abdomen and viscera									
32. Hernia (all types)									
33. Feet (arch, pes cavus / planus)									
34. Spine									
35. Skin, lymphatics									

REPORT OF PHYSICAL EXAMINATION - DIVER

1a. LAST NAME	1b. FIRST NAME	1c. MIDDLE NAME	3. DATE of EXAM
NEUROLOGIC EXAMINATION: Check each item			
36. Sensorium (Consciousness, intellectual, cognitive function) Normal _____ Abnormal _____			
37. Cranial Nerves: (normal/abnormal)			
I. Olfactory _____	V. Trigeminal _____	IX. Glossopharyngeal _____	
II. Optic _____	VI. Abducent _____	X. Vagus _____	
III. Oculomotor _____	VII. Facial _____	XI. Spinal Accessory _____	
IV. Trochlear _____	VIII. Auditory _____	XII. Hypoglossal _____	
38. Reflexes: Deep Tendon (grade 0 – 3+, 2+ = normal)		Pathological (+/- = presence/absence)	
Left	Right	Left	Right
Brachioradialis _____	Patella _____	Hoffman _____	
Biceps _____	Achilles _____	Ankle clonus _____	
39. Cerebellar Function		40. Proprioception (+/- = presence/absence)	
Normal	Abnormal	Left	Right
Gait _____		Joint position sense _____	
Tremor (intention) _____		Vibratory sensations _____	
Finger to nose _____		Stereognosis _____	
Heel to shin slide _____		(ability to recognize objects by touch) _____	
Romberg sign _____			
		41. Nystagmus (+/- = presence/absence)	
		End point (physiologic) _____	
		Pathological _____	
42. Muscle Strength (grade 0 – 5, 5 = normal)			
Left	Right	Left	Right
Deltoids _____		Hips: Flexion _____	
Latissimus _____		Extension _____	
Triceps _____		Abduction _____	
Biceps _____		Adduction _____	
Forearms _____			
Hands _____			
Fingers _____			
		Knees: Flexion _____	
		Extension _____	
		Ankles: Dorsiflexion _____	
		Plantarflexion _____	
		Inversion _____	
		Eversion _____	
43. Range of Motion (+/- = normal/abnormal)			
Left	Right	Left	Right
Shoulders _____		Hips _____	
Elbows _____		Wrist _____	
		Knees _____	
		Ankles _____	
44. Sensation (sharp dull, two-point discrimination) Diagram and label areas of altered sensations, and surgical and traumatic scars.			

REPORT OF PHYSICAL EXAMINATION - DIVER

1a. LAST NAME	1b. FIRST NAME	1c. MIDDLE NAME	3. DATE of EXAM
---------------	----------------	-----------------	-----------------

45. Summary of Laboratory/ancillary data. Transcribe results below or attach official laboratory report. Tests below are representative of standard analyses, yours may not list every test. Submit all test results provided.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">COMPLETE URINALYSIS</th></tr> <tr><td>Spec. Gravity</td><td></td></tr> <tr><td>Ph</td><td></td></tr> <tr><td>Color</td><td></td></tr> <tr><td>Clarity</td><td></td></tr> <tr><td>Leuk Esterase</td><td></td></tr> <tr><td>Protein</td><td></td></tr> <tr><td>Glucose</td><td></td></tr> <tr><td>Ketones</td><td></td></tr> <tr><td>Occult Blood</td><td></td></tr> <tr><td>Bilirubin</td><td></td></tr> <tr><td>Urobilirubin</td><td></td></tr> <tr><td>Nitrite</td><td></td></tr> </table>	COMPLETE URINALYSIS		Spec. Gravity		Ph		Color		Clarity		Leuk Esterase		Protein		Glucose		Ketones		Occult Blood		Bilirubin		Urobilirubin		Nitrite		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">METABOLIC DATA</th></tr> <tr><td>Glucose</td><td></td></tr> <tr><td>BUN</td><td></td></tr> <tr><td>Creantine</td><td></td></tr> <tr><td>eGFR</td><td></td></tr> <tr><td>BUN/Cr</td><td></td></tr> <tr><td>Sodium</td><td></td></tr> <tr><td>Potassium</td><td></td></tr> <tr><td>Chloride</td><td></td></tr> <tr><td>CO₂</td><td></td></tr> <tr><td>Calcium</td><td></td></tr> <tr><td>HgA1C</td><td></td></tr> </table>	METABOLIC DATA		Glucose		BUN		Creantine		eGFR		BUN/Cr		Sodium		Potassium		Chloride		CO ₂		Calcium		HgA1C		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="7">AUDIOMETRY (Only for initial physical)</th></tr> <tr> <td style="text-align: center;">HZ</td> <td style="text-align: center;">500</td> <td style="text-align: center;">1000</td> <td style="text-align: center;">2000</td> <td style="text-align: center;">3000</td> <td style="text-align: center;">4000</td> <td style="text-align: center;">6000</td> </tr> <tr> <td>Left</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> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">CBC DATA</th></tr> <tr><td>WBC</td><td></td></tr> <tr><td>RBC</td><td></td></tr> <tr><td>Hg</td><td></td></tr> <tr><td>Hct</td><td></td></tr> <tr><td>MCV</td><td></td></tr> <tr><td>MCH</td><td></td></tr> <tr><td>MCHC</td><td></td></tr> <tr><td>RDW</td><td></td></tr> <tr><td>Platelets</td><td></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">LIPID PROFILE</th></tr> <tr><td>Total</td><td></td></tr> <tr><td>Triglycerides</td><td></td></tr> <tr><td>HDL</td><td></td></tr> <tr><td>LDL</td><td></td></tr> <tr><td>VLDL</td><td></td></tr> <tr><td>LDL/HDL Ratio</td><td></td></tr> </table>	AUDIOMETRY (Only for initial physical)							HZ	500	1000	2000	3000	4000	6000	Left							Right							CBC DATA		WBC		RBC		Hg		Hct		MCV		MCH		MCHC		RDW		Platelets		LIPID PROFILE		Total		Triglycerides		HDL		LDL		VLDL		LDL/HDL Ratio	
COMPLETE URINALYSIS																																																																																																																		
Spec. Gravity																																																																																																																		
Ph																																																																																																																		
Color																																																																																																																		
Clarity																																																																																																																		
Leuk Esterase																																																																																																																		
Protein																																																																																																																		
Glucose																																																																																																																		
Ketones																																																																																																																		
Occult Blood																																																																																																																		
Bilirubin																																																																																																																		
Urobilirubin																																																																																																																		
Nitrite																																																																																																																		
METABOLIC DATA																																																																																																																		
Glucose																																																																																																																		
BUN																																																																																																																		
Creantine																																																																																																																		
eGFR																																																																																																																		
BUN/Cr																																																																																																																		
Sodium																																																																																																																		
Potassium																																																																																																																		
Chloride																																																																																																																		
CO ₂																																																																																																																		
Calcium																																																																																																																		
HgA1C																																																																																																																		
AUDIOMETRY (Only for initial physical)																																																																																																																		
HZ	500	1000	2000	3000	4000	6000																																																																																																												
Left																																																																																																																		
Right																																																																																																																		
CBC DATA																																																																																																																		
WBC																																																																																																																		
RBC																																																																																																																		
Hg																																																																																																																		
Hct																																																																																																																		
MCV																																																																																																																		
MCH																																																																																																																		
MCHC																																																																																																																		
RDW																																																																																																																		
Platelets																																																																																																																		
LIPID PROFILE																																																																																																																		
Total																																																																																																																		
Triglycerides																																																																																																																		
HDL																																																																																																																		
LDL																																																																																																																		
VLDL																																																																																																																		
LDL/HDL Ratio																																																																																																																		

46. All abnormal physical findings must be described in detail here by number. Add additional pages if necessary.

47. Although the NOAA Diving Medical Officer will make the final determination regarding fitness for duty as a diver, are there any further concerns to this applicant's fitness for diving?

48. EXAMINATION LOCATION NAME and ADDRESS	49a. EXAMINER NAME	49b. PHONE NUMBER
	49c. EXAMINER TITLE	
	49d. EXAMINER SIGNATURE	49e. DATE