

REPORT OF MEDICAL HISTORY - DIVER

1a. LAST NAME	1b. FIRST NAME	1c. MIDDLE NAME	2. DATE of BIRTH	3. DATE
4a. WORK ADDRESS			4b. BEST CONTACT PHONE NUMBER	
			4c. WORK E-MAIL ADDRESS	
5. STATEMENT OF PRESENT HEALTH			6. AGE	7. GENDER
			8. HEIGHT (inches)	9. WEIGHT (pounds)
10. CURRENT PRESCRIPTION and NON-PRESCRIPTION MEDICATIONS (Indicate dosage, frequency and condition being treated)			11. ALLERGIES (List all insect bites / stings, foods and medicines) Do you carry an Epi-Pen? Yes No	

PAST MEDICAL HISTORY: Have you ever had the following? Check each item.

	YES	NO		YES	NO
12. Adverse reaction to medication			24. Pain or pressure in the chest		
13. Tuberculosis or positive TB test			25. Palpitation, pounding heart or abnormal heartbeat		
14. Exposed to someone who had tuberculosis			26. Heart murmur or other disorder		
15. Asthma or any breathing difficulty			27. Heart or blood vessel surgery		
16. Used or have been prescribed an inhaler			28. Abnormal heart anatomy or patent foramen ovale		
17. Plates, screws, rods or pins in any bone			29. Diabetes		
18. High or low blood sugar			30. High cholesterol		
19. Sugar, albumin or blood in the urine			31. Stroke		
20. Tumor, growth, cyst or cancer			32. Heart disease		
21. Aneurysm, frequent or severe headaches			33. Parent or sibling with condition indicated in 29-32		
22. Seizures, convulsions, epilepsy or fits			34. Treated in a decompression chamber		
23. Other neurologic disorder or injury			35. Medical disqualification for diving duty		

PAST MEDICAL HISTORY: Have you had the following in the last ten years? Check each item.

	YES	NO		YES	NO
36. Thyroid trouble or goiter			51. Rectal disease, hemorrhoids, bleeding from rectum		
37. Eye disorder or trouble			52. Shortness of breath or wheezing		
38. Surgery to correct vision (i.e. RK, PRK, LASIK)			53. Sinusitis, bronchitis or frequent colds		
39. Recurrent back pain or any back problem			54. Kidney, bladder or urination problems		
40. Nerve injury, numbness, tingling or sensitive areas			55. Head injury, memory loss or amnesia		
41. Loss of finger or toe			56. Concussion or period of unconsciousness		
42. Knee trouble (locking, giving out, pain, injury)			57. Dizziness or fainting spells		
43. Leg cramps			58. Prolonged bleeding, blood clot or embolism		
44. Painfull or swollen joints			59. High or low blood pressure		
45. Arthritis, rheumatism, tendonitis or bursitis			60. Depression, anxiety or claustrophobia		
46. Artificial joint or other deformity			61. Received counseling of any type		
47. Bone fracture or deformity			62. Been evaluated or treated for a mental condition		
48. Stomach or intestinal trouble			63. Attempted or planned suicide		
49. Jaundice, hepatitis or liver disease			64. Inability to focus or pay attention		
50. Hernia or rupture			65. Ear infection		

CURRENT MEDICAL HISTORY: Do you currently have any of the following? Check each item.

	YES	NO		YES	NO
66. Severe tooth or gum trouble			74. Use of prosthetic / corrective devices or braces		
67. Wear glasses or contact lenses			75. Frequent indigestion or heartburn		
68. Lack of vision in either eye			76. Skin disease (i.e. acne, eczema, psoriasis)		
69. Hay fever or allergic rhinitis			77. Recent unexplained weight loss or gain		
70. Ear, nose or throat trouble			78. Motion sickness (kinetosis)		
71. Hearing loss or wear a hearing aid			79. Difficulty distinguishing colors or seeing at night		
72. Impaired use of arms, hand, legs or feet			80. Difficulty performing moderate to heavy exercise		
73. Foot problems			81. Currently pregnant/may be pregnant (women only)		

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1a. LAST NAME		b. FIRST NAME		c. MIDDLE NAME		3. DATE	
82. Indicate the type and frequency of use for the following.							
a. Alcohol		b. Tobacco		c. Recreational drugs			
PAST DIVE MEDICAL HISTORY: Have you ever had the following as a result of diving? Check each item.							
	YES	NO		YES	NO		
83a. Ear or sinus squeeze			g. Near drowning				
b. Inability to equalize middle ear pressure			h. Arterial gas embolism (AGE)				
c. Ruptured ear drum			i. Oxygen (O ₂) toxicity				
d. Vertigo (dizziness)			j. Carbon dioxide (CO ₂) toxicity				
e. Loss of consciousness or asphyxia			k. Type I DCS (pain only, itching, rash, swelling)				
f. Lung squeeze or collapsed lung (pneumothorax)			l. Type II DCS				
84. Indicate any other medical conditions not listed above.							
85. Indicate date, location and reason for each hospitalization and surgery, had or advised to have within the last ten years. Indicate reasons for any declined surgery.							
86. Provide a detailed explanation for each item checked "YES" in either Medical History section. Add additional pages if necessary.							
APPLICANT CERTIFICATION: 87. I certify that I have reviewed the medical information provided by me. It is true and complete to the best of my knowledge. I understand that falsification of information on a Government form is punishable by fine and/or imprisonment and that incomplete information may delay or prevent my qualification for dive duty.							
a. APPLICANT NAME		b. APPLICANT SIGNATURE			c. DATE		
88. EXAMINER SUMMARY of DEFECTS							
89a. EXAMINER NAME and TITLE		b. EXAMINER SIGNATURE			c. DATE		

REPORT OF MEDICAL HISTORY – DIVER

Instructions to the Applicant:

The purpose of completing NOAA Form 57-03-52, Report of Medical History – Diver, is to obtain medical data for determination of medical fitness for diving with the NOAA Diving Program (NDP). Disclosure of any and all information is purely voluntary; however, failure to provide the requested information will result in a delay or possible rejection of your application to dive or continuation to dive with the NDP.

Provide all information requested in blocks 1-9. If you do not have a middle name, leave block 1c blank. Please provide all phone numbers and e-mail addresses requested in block 5. At least one phone number must be provided. Provide complete and detailed information in blocks 10 and 11. If you do not take any medications or you do not have any allergies, indicate "None" in the appropriate block. Check either "Yes" or "No" for blocks 12 through 81 and 83, except men shall leave block 81 unchecked. Provide complete and detailed information in blocks 82a through 82c and blocks 84 through 86 as indicated.

Certify your responses as true and complete in block 87 then provide the form to the medical provider or examiner. The examiner must complete blocks 88 through 89 as part of the Physical Examination.

The examiner that provides the physical examination must be a Medical Doctor (MD), a Doctor of Osteopathy (DO), a Nurse Practitioner (NP), or a Physician's Assistant (PA). In addition to the Report of Medical History – Diver, provide the examiner a NOAA Form 57-03-51, Report of Physical Examination – Diver.

Use NOAA Form 57-03-50, Medical Evaluation Checklist, to ensure all required laboratory tests, diagnostic studies, and required documentation are completed. It is the applicant's responsibility to make sure that the examiner provides all of the required tests and records the results as indicated on each of the forms listed above. 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.

Upon compilation of all required documentation, submit the original results and forms with original signatures to the NOAA Diving Medical Officer (DMO) at the NOAA Diving Center. Hand written results or values will not be accepted. 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