

APPENDIX A-2

DIVING PHYSICAL EXAMINATION CHECKLIST

Name of Applicant (Print or Type) Age Exam Date Purpose: (Initial, Annual, Renewal)

Date of Birth

A copy of the physical examination report will be submitted to the Center Diving Safety Officer (CDSO). Please attach a copy of all lab reports and test results with the physical examination report form.

Physical Findings and results should be reported on the following forms:

- 1. Physical Examination Report Form (Appendix A-6)
2. Diving Medical History Form (Appendix A-1)

TESTS REQUIRED FOR ALL PHYSICAL EXAMINATIONS

Medical History Review (Appendix A-1)
Complete Physical Examination, with emphasis on neurological and otological components
Visual acuity (Distant & Near)
Color blindness (Initial exam only)
BP, Pulse, Respiration's and Temperature Vitals: BP / P R T
Urinalysis
Height & Weight Ht. Wt.
Complete blood count (CBC)
Blood chemistry with lipid profile (FASTING)
TB Skin Test Tetanus Booster / / (Date)
X Any further tests deemed necessary by the physician

ADDITIONAL TESTS REQUIRED

(Please attach a copy of the test results)

FOR DIVERS UNDER THE AGE OF 40

(P.E. required every 5 years)

/ / PFT - Spirometry
(Initial exam and every 5 years)

/ / Chest x-ray (AP & Lateral)
(Initial exam and whenever indicated)

/ / 12 Lead Resting EKG N/A
(Performed only if indicated during examination)

FOR DIVERS OVER THE AGE OF 40

(P.E. required every 3 years)

/ / PFT - Spirometry
(Initial exam and every 3 years)

/ / Chest x-ray (AP & Lateral)
(Initial exam and whenever indicated)

/ / 12 Lead Resting EKG
(Initial exam and every 3 years)

Assessment of coronary artery disease including lipid profile and diabetic screening.

I have reviewed the attached physical examination report and consider it to be complete. There are no obvious omissions or inconsistencies with the AAUS Diving Medical Standards dated January 2004.

Signature of Center Diving Safety Officer (CDSO)

Date

**DIVING PHYSICAL EXAMINATION CHECKLIST**

**(For Divers Age 60 and over)**

\_\_\_\_\_  
Name of Applicant (Print or Type)      \_\_\_\_\_ Age      \_\_\_\_\_ Exam Date      \_\_\_\_\_ Purpose:  
(Initial, Annual, Renewal)

\_\_\_\_\_  
Date of Birth

A copy of the physical examination report will be submitted to the Center Diving Safety Officer (CDSO).  
**Please attach a copy of all lab reports and test results** with the physical examination report form.

Physical Findings and results should be reported on the following forms:

- 1. Physical Examination Report Form (Appendix A-6)
- 2. Diving Medical History Form (Appendix A-1)

**TESTS REQUIRED FOR ALL PHYSICAL EXAMINATIONS**

- \_\_\_\_ Medical History Review (Appendix A-1)
- \_\_\_\_ Complete Physical Examination, with emphasis on neurological and otological components
- \_\_\_\_ Visual acuity (Distant & Near)
- \_\_\_\_ Color blindness (Initial exam only)
- \_\_\_\_ BP, Pulse, Respiration's and Temperature      Vitals: BP \_\_\_\_\_ / \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_
- \_\_\_\_ Urinalysis
- \_\_\_\_ Height & Weight      Ht. \_\_\_\_\_ Wt. \_\_\_\_\_
- \_\_\_\_ Complete blood count (CBC)
- \_\_\_\_ Blood chemistry with lipid profile (**FASTING**)
- \_\_\_\_ TB Skin Test      Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)
- Any further tests deemed necessary by the physician

**ADDITIONAL TESTS REQUIRED**

(Please attach a copy of the test results)

**FOR DIVERS OVER THE AGE OF 60**      **(P.E. required every 2 years)**

\_\_\_\_/\_\_\_\_/\_\_\_\_ PFT – Spirometry      (Initial exam and every 2 years)

\_\_\_\_/\_\_\_\_/\_\_\_\_ Chest x-ray (AP & Lateral)      (Initial exam and whenever indicated)

\_\_\_\_/\_\_\_\_/\_\_\_\_ 12 Lead Resting EKG      (Initial exam and every 2 years)

\_\_\_\_ Assessment of coronary artery disease including lipid profile and diabetic screening.

I have reviewed the attached physical examination report and consider it to be complete. There are no obvious omissions or inconsistencies with the AAUS Diving Medical Standards dated January 2004.

\_\_\_\_\_  
Signature of Center Diving Safety Officer (CDSO)

\_\_\_\_\_  
Date