



## **ADCI Consensus Standards Reference**

### **Section 2.4: Medical Guidelines and Recommendations**

Source: ADCI International Consensus Standards, 6.5 Edition

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#### **2.4.1 INTRODUCTION**

If any further clarification of this recommended standard is desired, please contact the ADCI.

The following recommendations are set forth by the ADCI and are intended to be used with the ADCI medical history/physical examination forms. They deal with specific aspects of the subject's physical fitness to dive by item number. These standards are offered with what we believe, in most cases, to be the minimum requirements. The use of these standards is intended to be tempered with the good judgment of the examining physician. Where there is doubt about the medical fitness of the subject, the examining physician should seek the further opinion and recommendations of an appropriate specialist in that field. Particular attention must be paid to past medical and diving history. In general, a high standard of physical and mental health is required for diving. Consequently, in addition to excluding major disqualifying medical conditions, examining physicians should identify and give careful consideration to minor, chronic, recurring or temporary mental or physical illnesses that may distract the diver and cause him or her to ignore factors concerned with his or her own safety or others' safety.

It is recommended that the medical examination be performed by a physician that has completed formal training or has experience in the medical assessment of fitness for commercial diving. Examinations shall not be performed by non-physicians.

The spectrum of commercial diving includes industrial tasks performed from just below the surface to deep saturation diving. Job descriptions and therefore job-limiting disabilities may vary widely. These standards, in general, apply to all divers. Some consideration must be given to the subject's medical history, work history, age, etc. Within commercial diving it may be that a diver is fit to perform some jobs but not others.

There is no minimum or maximum age limit, providing all the medical standards can be met. The ADCI does not issue commercial diver certification cards to persons younger than 18 years of age. Serious consideration must be given to the need for all divers to have adequate reserves of pulmonary and cardiovascular fitness for use in an emergency. The lack of these reserves may possibly lead to the termination of a professional diving career. The examining physician should exercise the appropriate professional judgment to determine whether in particular circumstances additional testing may be warranted. Disqualification for an inability to meet any of these standards must be determined on a case-by-case basis.



### 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	Name	Record.
2	Last 4 digits of Social Security Number or Passport Number	Record.
3	Height	No set limits.
4	Weight	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 (males), 34% (females) 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	Body Mass Index (BMI)	BMI < 28 for initial evaluation. For annual evaluation risk factor modification recommended for BMI > 28 and body fat exceeding limits, consider fitness assessment such as functional stress testing. BMI >30 (clinical obesity) is considered disqualifying. Calculation for $BMI = \frac{\text{weight in pounds} \times 703}{\text{height in inches}^2}$ *See also U.S. Navy height and weight table.
6	Body Fat	Optional. <23% for males, <34% for females. US Navy standard
7	Temperature	The diver should be free of any infection/disease that would cause an abnormal temperature.
8	Blood Pressure	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 and diuretics are not acceptable. Medications required to control blood pressure should be noted on the physical exam form.
9	Pulse/Rhythm	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	General Appearance/Hygiene	Record.
11	Distant Vision	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	Near Vision	Correctable to 20/40.
13	Color Vision	Record. Color blindness does not disqualify for diving, but diver must have color vision specific for duties.
14	Field of Vision	A minimum of 85 degrees field of vision is required.
15	Contact Lenses	Record if used. Appropriate lenses for diving may be used (soft lenses are the preferred contact lenses for diving / gas permeable fenestrated hard lens may be permitted). Vision must be recorded with and without contact lenses.
16	Head, Face and Scalp	Some causes for rejection may include: a) Deformities of the skull in the nature of depressions, exostosis, etc., of a degree that would prevent the individual from wearing required equipment. b) Deformities of the skull of any degree associated with evidence of disease of the brain, spinal cord or peripheral nerves. c) Loss or congenital absence of the bony substance of the skull.

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) Fistula, chronic draining, of any type.</li> <li>c) Spastic contraction of the muscles of the neck of a persistent and chronic nature.</li> <li>d) Known cervical disc disease with neural impingement or radicular symptoms.</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.
20-24	Ears & Nose	<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 piercing(s) must be fully healed prior to diving.</li> </ul> <p>If Eustachian tube dysfunction is suspected, then referral or testing should be done. Adequately repaired or healed 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> <li>d) History of tobacco use should be evaluated.</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 requires further evaluation. Pulmonary disease requiring medication use may be disqualifying. History of recurrent or spontaneous pneumothorax is disqualifying. History of smoking or use of e-cigarettes "vaping" should be evaluated.
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. Resting pulse rate should be less than 100 BPM.
30	Vascular System (varicosities, etc.)	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. Carotid or abdominal bruits require further evaluation.



31	<b>Abdomen and Viscera</b>	<p>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.</p> <p>b) Any other chronic gastrointestinal disease (e.g., Chron's disease, ulcerative colitis, cholelithiasis) may be disqualifying.</p> <p>c) Hepatitis may be disqualifying.</p> <p>d) Colostomies should be disqualifying for saturation diving.</p>
32	<b>Hernia (all types)</b>	All inguinal or femoral hernias are disqualifying until repaired. Ventral hernias should be assessed for strangulation risk by a surgeon prior to diving.
33	<b>Endocrine System</b>	Diabetes controlled only with diet and exercise and with Hgb A1C < 7.0 is acceptable. History of thyroid disease adequately controlled with medication is acceptable. Other endocrine disorders requiring medication may be disqualifying.
34	<b>G-U System (genital-urinary)</b>	<p>a) Gonococcal disease, syphilis, chlamydia and genital herpes will disqualify until adequately treated.</p> <p>b) Evidence or history of nephrolithiasis must be fully investigated and treated and may be disqualifying. History of kidney stones is disqualifying for saturation diving.</p> <p>c) Any renal insufficiency or chronic renal disease may be disqualifying.</p> <p>d) Evidence or history of urinary dysfunction or retention must be fully investigated and treated.</p>
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. Known cervical, thoracic or lumbar disc disease with neural impingement or radicular symptoms may be disqualifying.
39	<b>Skin and Lymphatic System</b>	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. History of seizure other than childhood febrile seizure, oxygen toxicity seizure, withdrawal seizure, unintentional medication related seizure. Intracranial surgery, loss of consciousness of more than 30 minutes, 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 asymmetry or loss of tone.
46	<b>Proprioception/ Stereognosis</b>	Examine and record.

47	<b>Nystagmus</b>	Examine and record. Congenital nystagmus is not necessarily disqualifying. End point lateral gaze nystagmus is considered normal.
48	<b>Sensations and Vibration</b>	Examine 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 &amp; Sharpened Romberg</b>	Examine and record.
50	<b>Miscellaneous Remarks and Dermatome Diagram</b>	Record findings and comments.
	<b>Psychiatric</b>	Any past or present evidence of psychiatric illness may be disqualifying; any psychiatric illness deemed significant by the physician should be evaluated by a specialist. Personality disorders, bipolar disorders, psychosis, instability and anti-social traits shall be disqualifying. Any psychiatric condition requiring medication may be disqualifying, however temporary situational depression may be approved if stable on low-dose antidepressants that do not affect seizure thresholds or have any side effects of CNS depression. Speech impediment related to stress/anxiety or other psychiatric illness may be disqualifying.
	<b>Substance Use</b>	Particular attention should be paid to any past or present evidence of alcohol or drug abuse, and may be an indication for referral to specialist. Any current alcohol or drug abuse is disqualifying. Anabolic steroids or other illicit substances are disqualifying. Any abnormalities should be noted in the physical examination form.
51	<b>Urinalysis</b>	Includes color pH, specific gravity, glucose, albumin and micro, abnormalities should be evaluated by the physician.
52	<b>Hematology</b>	Any significant anemia, history of hemolytic disease, or significant abnormalities on Complete Blood count (CBC) must be evaluated; sickle cell disease and other significant hemoglobinopathies are disqualifying.
53	<b>Spirometry</b>	All divers must have periodic spirometry to establish Forced Expiratory Volume at one (1) second (FEV1) and; Forced Vital Capacity (FVC), recording best of three measurements using American Thoracic Society standards. FEV1 and FVC should both be >75% using NHANES reference values. If either or both are below 75%, then the diver should be referred for pulmonary evaluation. Further evaluation should be considered in the event of an acute reduction of FEV1 25-75.
54	<b>X-ray/Imaging</b>	<ul style="list-style-type: none"> <li>a) PA and lateral every three years.</li> <li>b) Long bones (at discretion of evaluating physician): Any lesions, especially juxta-articular, should be evaluated and may be disqualifying.</li> <li>c) Lumbar/sacral spine (at discretion of evaluating physician): Abnormalities associated with symptoms should be further evaluated.</li> <li>d) Spine MRI (at discretion of evaluating physician): Neural impingement on MRI may be disqualifying.</li> </ul>
55	<b>Electrocardiogram</b>	Resting standard 12 lead ECG is required on initial examinations and annually after the age of 35. Stress echocardiogram (preferred) or stress ECG required as medically indicated or if the Framingham Risk Score indicates risk of > 10%.
56	<b>Audiogram Pure Tone</b>	A hearing loss in either ear > 40 dB in the range of 500, 1000 and 2000 Hz may be an indication for referral to a specialist for further opinion. Monaural hearing is not disqualifying.
57	<b>Comprehensive Metabolic Panel</b>	Optional at the discretion of the examining physician. Significant abnormalities on Complete Metabolic Panel (CMP) must be evaluated.
58	<b>Hemoglobin A1C</b>	Required for any history of diabetes. Diabetes controlled only with diet and exercise and with Hgb A1C < 7.0 is acceptable.
59	<b>Lipid Panel</b>	Required annually after the age of 35.
60	<b>Urine Drug Screen</b>	All medically indicated or otherwise required.



## 2.4.3 ADCI MEDICAL HISTORY AND EXAMINATION FORMS



## Association of Diving Contractors International

## MEDICAL HISTORY FORM

Employer			Job Title			Date		
1. Last Name		First Name	Middle Name	2. Email Address		3. Date of Birth		4. Gender
								5. Last 4 No. of SSN
6. Address (Number, Street)			7. City		8. State	9. Zip Code		10. Area Code – Phone Number
								( )
11. Emergency Contact Person – Relationship – Address – Telephone Number								12. Cell Phone Number
								( )

## 13. MEDICAL HISTORY: Have you ever had or been treated for (positive answers must be explained below):

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Convulsions or Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Angiogram or ECHO	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder Injury
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	PFO Repair	<input type="checkbox"/>	<input type="checkbox"/>	Elbow Injury
<input type="checkbox"/>	<input type="checkbox"/>	Concussion or Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Arm/wrist/hand Injury
<input type="checkbox"/>	<input type="checkbox"/>	Disabling Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Asthma or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Hip/Leg/Ankle Injury
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Balance/Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Coughing up Blood	<input type="checkbox"/>	<input type="checkbox"/>	Knee Injury or "Trick Knee"
<input type="checkbox"/>	<input type="checkbox"/>	Severe Motion Sickness	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Foot Trouble or Injuries
<input type="checkbox"/>	<input type="checkbox"/>	Unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Dislocations
<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	Swollen Joints
<input type="checkbox"/>	<input type="checkbox"/>	Wear Contacts/Glasses	<input type="checkbox"/>	<input type="checkbox"/>	Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones or Fractures
<input type="checkbox"/>	<input type="checkbox"/>	Color Vision Defect	<input type="checkbox"/>	<input type="checkbox"/>	Lung Disease or Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins
<input type="checkbox"/>	<input type="checkbox"/>	Eye Disease or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder Disease or Stones	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Disease or Weakness
<input type="checkbox"/>	<input type="checkbox"/>	Eye Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Trouble or Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Numbness or Paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Ear Disease or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Indigestion	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Ear Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Goiter or Thyroid Disease
<input type="checkbox"/>	<input type="checkbox"/>	Perforated Eardrum	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease or Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Blood Disease
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Clearing	<input type="checkbox"/>	<input type="checkbox"/>	Rectal Bleeding/Blood in Stools	<input type="checkbox"/>	<input type="checkbox"/>	Anemia: Sick Cell or Other
<input type="checkbox"/>	<input type="checkbox"/>	Nose Bleed	<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids (Piles)	<input type="checkbox"/>	<input type="checkbox"/>	Skin Rash or Disease
<input type="checkbox"/>	<input type="checkbox"/>	Airway Obstruction	<input type="checkbox"/>	<input type="checkbox"/>	Gas Pains	<input type="checkbox"/>	<input type="checkbox"/>	Staph Infections
<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever or Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Crohn's Disease/Ulcerative Colitis	<input type="checkbox"/>	<input type="checkbox"/>	Tumor or Cancer
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Rupture or Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Claustrophobia
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness/Depression/Anxiety
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Stones	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Breakdown
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Protein, Sugar or Blood in Urine	<input type="checkbox"/>	<input type="checkbox"/>	Any Sexually Transmitted Disease
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Heart Rhythm	<input type="checkbox"/>	<input type="checkbox"/>	Joint Pain/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Contagious Disease
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Back Strain or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Prior Military Service
<input type="checkbox"/>	<input type="checkbox"/>	Covid 19 Infection	<input type="checkbox"/>	<input type="checkbox"/>	Spine Problems	<input type="checkbox"/>	<input type="checkbox"/>	Other Illness or Injury or Any Other
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Herniated Disc or Sciatica	<input type="checkbox"/>	<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>		<b>For Females ONLY</b>	<input type="checkbox"/>	<input type="checkbox"/>	Painful Menses			
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Menses	<input type="checkbox"/>	<input type="checkbox"/>	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:

Every Item Checked Yes Must Be Fully Explained Below	YES	NO		YES	NO
Do you have any physical defects or any partial disabilities?			Have you ever resigned, been terminated, or changed jobs for medical reasons?		
Have you ever been rejected or rated for insurance, employment, license, or armed forces for health reasons?			Have you ever been dismissed from employment because of excess use of drugs or alcohol?		
Have you ever had illnesses, injuries, or lost time accidents from any work that you have done?			Do you have any allergies or reactions to food, chemicals, drugs, insect stings, or marine life?		
Have you been advised to have a surgical operation or medical treatment that has not been done?			Are you presently under the care of a physician? Give physician's name and address on the next page.		

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	_____		

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
<input type="checkbox"/>	<input type="checkbox"/>	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

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:		13. Near Vision: Jaeger		Near Vision Corrected		14. Color Vision (Test Performed and Results)	
R. 20/		Corr. to 20/		R. 20/		R. 20/	
L. 20/		Corr. to 20/		L. 20/		L. 20/	
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
I	Olfactory			
II	Optic			
III	Oculomotor			
IV	Trochlear			
V	Trigeminal			
VI	Abducens			

		NORMAL	ABNORMAL	NE
VII	Facial			
VIII	Auditory			
IX	Glossopharyngeal			
X	Vagus			
XI	Spinal Accessory			
XII	Hypoglossal			

##### 43. REFLEXES

###### DEEP TENDON

	Left	Right
	0 1 2 3 4	0 1 2 3 4
Triceps		
Biceps		
Patella		
Achilles		

Babinski  
Hoffman  
Ankle Clonus

###### PATHOLOGICAL

	Left	Right
	Present Absent	Present Absent

###### SUPERFICIAL

	Present	Absent	NE
Upper Abdomen			
Lower Abdomen			
Cremasteric			

##### 44. CEREBELLAR FUNCTION

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

##### 45. MUSCLE

Right Upper Extremity  
Left Upper Extremity  
Right Lower Extremity  
Left Lower Extremity

###### STRENGTH

	1 2 3 4 5

###### TONE

	Normal	Abnormal

##### 46. PROPIOCEPTION

	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
Hot		
Cold		

###### VIBRATION

	Left	Right
	Normal Abnormal	Normal Abnormal
Joint Position Sense		
Stereognosis		
Vibratory Sensation		

	Two Point Discrimination
Normal	
Abnormal	

##### 49. ROMBERG

Romberg Absent (normal)	
Romberg Present (abnormal)	
Sharpened Romberg Normal > 20s	
Sharpened Romberg Abnormal < 20s	





#### 2.4.4 NEUROPSYCHIATRIC

Any past or present evidence of psychiatric illness may be disqualifying: any psychiatric illness deemed significant by the physician should be evaluated by a specialist. Personality disorders, bipolar disorders, psychosis, instability and anti-social traits shall be disqualifying, however temporary situational depression may be approved if stable on low-dose antidepressants that do not affect seizure thresholds or have any side effects of CNS depression. Speech impediment related to stress/anxiety or other psychiatric illness may be disqualifying.

Particular attention should be paid to any past or present evidence of alcohol or drug abuse, and may be an indication for referral to specialist. Any current alcohol or drug abuse is disqualifying. Anabolic steroids or any other illicit substances are disqualifying. Any abnormalities should be noted in the physical examination form.

#### 2.4.5 MEDICATION

The following medications are disqualifying:

1. Amphetamines (including lisdexamfetamine dimesylate) and designer drugs (substituted methylenediosphenethylamines including MDMA, MMDA, FLEA, EDMA, EFLEA, MDOH, EBDB, MDEA, 5-methyl-MDA and others)
2. Marijuana and synthetic forms of marijuana
3. Phencyclidine (PCP)
4. Cocaine
5. Opioids, naturally occurring and synthetics including tramadol and buprenorphine
6. Phosphodiesterase inhibitors such as erectile dysfunction medications within 48 hours of diving
7. Immunosuppressants not recommended in saturation diving
8. Antidepressants which cause CNS depression or may affect seizure threshold (eg. Venlafaxine, bupropion)
9. All antipsychotic medications
10. Muscle relaxants
11. All forms of insulin
12. Oral hypoglycemic medication
13. Anticoagulants or platelet inhibitors (except low-dose aspirin)
14. Benzodiazepines
15. Barbiturates
16. Anxiolytic and/or hypnotic medications
17. Nicotine patches – must be removed while diving
18. Varenicline
19. Beta blockers
20. Diuretics

#### 2.4.6 DISCLAIMER

Because of the lack of medical literature concerning commercial diving, these guidelines were developed as a consensus among diving physicians and are intended for only that purpose. The diving medical examiner may use discretion in deviating from these guidelines on an individual basis given the circumstances.



### 2.4.7 BMI TABLES

BMI Table										
Height (inches)	BMI									
	19	20	21	22	23	24	25	26	27	28
	Body Weight (pounds)									
58	91	96	100	105	110	115	119	124	129	134
59	94	99	104	109	114	119	124	128	133	138
60	97	102	107	112	118	123	128	133	138	143
61	100	106	111	116	122	127	132	137	143	148
62	104	109	115	120	126	131	136	142	147	153
63	107	113	118	124	130	135	141	146	152	158
64	110	116	122	128	134	140	145	151	157	163
65	114	120	126	132	138	144	150	156	162	168
66	118	124	130	136	142	148	155	161	167	173
67	121	127	134	140	146	153	159	166	172	178
68	125	131	138	144	151	158	164	171	177	184
69	128	135	142	149	155	162	169	176	182	189
70	132	139	146	153	160	167	174	181	188	195
71	136	143	150	157	165	172	179	186	193	200
72	140	147	154	162	169	177	184	191	199	206
73	144	151	159	166	174	182	189	197	204	212
74	148	155	163	171	179	186	194	202	210	218
75	152	160	168	176	184	192	200	208	216	224
76	156	164	172	180	189	197	205	213	221	230

BMI Table										
Height (Centimeters)	BMI									
	19	20	21	22	23	24	25	26	27	28
	Body Weight (kilograms)									
147.3	41.3	43.5	45.4	47.6	49.9	52.2	54.0	56.2	58.5	60.8
149.9	42.6	44.9	47.2	49.4	51.7	54.0	56.2	58.1	60.3	62.6
152.4	44.0	46.3	48.5	50.8	53.5	55.8	58.1	60.3	62.6	64.9
154.9	45.4	48.1	50.3	52.6	55.3	57.6	59.9	62.1	64.9	67.1
157.5	47.2	49.4	52.2	54.4	57.2	59.4	61.7	64.4	66.7	69.4
160.0	48.5	51.3	53.5	56.2	59.0	61.2	64.0	66.2	68.9	71.7
162.6	49.9	52.6	55.3	58.1	60.8	63.5	65.8	68.5	71.2	73.9
165.1	51.7	54.4	57.2	59.9	62.6	65.3	68.0	70.8	73.5	76.2
167.6	53.5	56.2	59.0	61.7	64.4	67.1	70.3	73.0	75.7	78.5
170.2	54.9	57.6	60.8	63.5	66.2	69.4	72.1	75.3	78.0	80.7
172.7	56.7	59.4	62.6	65.3	68.5	71.7	74.4	77.6	80.3	83.5
175.3	58.1	61.2	64.4	67.6	70.3	73.5	76.7	79.8	82.6	85.7
177.8	59.9	63.0	66.2	69.4	72.6	75.7	78.9	82.1	85.3	88.5
180.3	61.7	64.9	68.0	71.2	74.8	78.0	81.2	84.4	87.5	90.7
182.9	63.5	66.7	69.9	73.5	76.7	80.3	83.5	86.6	90.3	93.4
185.4	65.3	68.5	72.1	75.3	78.9	82.6	85.7	89.4	92.5	96.2
188.0	67.1	70.3	73.9	77.6	81.2	84.4	88.0	91.6	95.3	98.9
190.5	68.9	72.6	76.2	79.8	83.5	87.1	90.7	94.3	98.0	101.6
193.0	70.8	74.4	78.0	81.6	85.7	89.4	93.0	96.6	100.2	104.3



#### 2.4.8 BODY FAT TABLE AND BODY FAT PERCENTAGES COMPARISON TABLE

Body Fat Percentages Comparison Table		
Fat Level	Men (%)	Women (%)
Very Low	7-10	14-17
Low	10-13	17-20
Average	13-17	20-27
High	17-25	27-31
Very High	above 25	above 31

#### 2.4.9 MAXIMUM ALLOWABLE WEIGHT CHART

Maximum Allowable Weight Chart		
Males Weight in Pounds	Height (inches)	Females Weight in Pounds
170	60	170
176	61	174
182	62	179
188	63	182
194	64	187
200	65	192
206	66	196
212	67	200
218	68	204
225	69	209
230	70	212
235	71	217
241	72	222
247	73	225
253	74	230
259	75	234
265	76	239
271	77	243
277	78	248
283	79	252
289	80	255

**2.4.10 RETURN TO DUTY AFTER DIVING RELATED INCIDENTS**

ADCI Recommendations on Return to Diving	
Diving Related Incident	Time to return to diving
Simple pain only with complete resolution after single treatment table	24 to 72 hours
Pain only needing more than one treatment table for complete resolution	7 days
Altered sensation in limbs resolvable by one treatment table	7 days
Motor or other neurological deficit resolvable by one treatment table	28 days
Neurological injury needing several treatment tables to resolve	4 to 6 months
Pulmonary barotrauma resolved	3 months
Pneumothorax resolved (other than spontaneous)	3 months
Vestibular decompression sickness with formal vestibular testing	4 to 6 months
Round window rupture	6 months after repair
Central nervous system oxygen toxicity seizure (after complete evaluation)	7 days
Perforated tympanic membrane	6 weeks after healed
Non-Perforated ENT barotrauma	Determined by examiner

All cases except simple pain only decompression sickness resolved by a single treatment table must be cleared by medical examination from a qualified diving medical examiner before return to diving.

Persistent neurological deficits following diving related incidents are generally disqualifying.

**2.4.11 FRAMINGHAM CARDIAC RISK CALCULATOR**

The ADC recognizes that cardiac events are second only to drowning as a cause of death while diving. Rather than using an age based criteria for further cardiac screening, the Physicians Diving Advisory Committee is now recommending a risk based approach using the Framingham data. The cardiac risk calculators for men and women are provided below. If the cardiac risk is calculated to be 10% or greater then further testing such as an exercise stress test is recommended.

**Cardiac Risk Calculator - MEN**

Total Cholesterol	Age 20-39	Age 40-49	Age 50-59	Age 60-69	Age 70-79
<160	0	0	0	0	0
160-199	4	3	2	1	0
200-239	7	5	3	1	0
240-279	9	6	4	2	1
280+	11	8	5	3	1



Age	Points
20-34	-9
35-39	-4
40-44	0
45-49	3
50-54	6
55-59	8
60-64	10
65-69	11
70-74	12
75-79	13

HDL	Points
60+	-1
50-59	0
40-49	1
<40	2

Systolic BP	If Untreated	If Treated
<120	0	0
120-129	0	1
130-139	1	2
140-159	1	2
160+	2	3

Age	Smoker	Non-smoker
20-39	8	0
40-49	5	0
50-59	3	0
60-69	1	0
70-79	1	0

Enter No of Points	
Age	
Total Chol	
HDL Chol	
Sys B/P	
Smoking	
Total	

Determine Risk  
From Chart

Point Total	10-Year Risk
<0	<1%
0	1%
1	1%
2	1%
3	1%
4	1%
5	2%
6	2%
7	3%
8	4%
9	5%
10	6%
11	8%
12	10%
13	12%
14	16%
15	20%
16	25%
17 or more	≥30%

Determine Risk  
From Chart

**Cardiac Risk Calculator - WOMEN**

Total Cholesterol	Age 20-39	Age 40-49	Age 50-59	Age 60-69	Age 70-79
<160	0	0	0	0	0
160-199	4	3	2	1	1
200-239	8	6	4	2	1
240-279	11	8	5	3	2
280+	13	10	7	4	2

Age	Points
20-34	-7
35-39	-3
40-44	0
45-49	3
50-54	6
55-59	8
60-64	10
65-69	12
70-74	14
75-79	16

HDL	Points
60+	-1
50-59	0
40-49	1
<40	2



Systolic BP	If Untreated	If Treated
<120	0	0
120-129	1	3
130-139	2	4
140-159	3	5
160+	4	6

Age	Smoker	Non-smoker
20-39	9	0
40-49	7	0
50-59	4	0
60-69	2	0
70-79	1	0

Enter No of Points	
Age	
Total Chol	
HDL Chol	
Sys B/P	
Smoking	
Total	

Point Total	10-Year Risk
<9	<1%
9	1%
10	1%
11	1%
12	1%
13	2%
14	2%
15	3%
16	4%
17	5%
18	6%
19	8%
20	11%
21	14%
22	17%
23	22%
24	27%
25 or more	≥30%

Determine Risk  
From Chart