

part 5

erdi forms

ERDI Forms

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ERDI Standards and Procedures

Part 5: ERDI Forms

Revision History		
Revision Number	Date	Changes
3.0	08/01/2004	This section is new.
6.0	11/01/2005	Forms updated.
7.0	10/27/2006	Forms updated.
9.0	11/14/2008	Medical form updated
10.0	12/31/2009	Member Update Form added
11.0	01/01/2011	Minor edits, changed medical form
12.0	01/01/2012	Address changes to forms
13.0	01/01/2013	No Changes
14.0	01/01/2014	No Changes
14.1	10/01/2014	Updated address on medical form
15.0	01/01/2015	No Changes
15.1	04/01/2015	No Changes
15.2	08/01/2015	No Changes
15.3	11/01/2015	Page Two: Headquarters information updated
16.0	01/01/2016	No Changes
17.0	01/01/2017	No Changes
18.0	01/01/2018	No Changes
19.0	01/01/2019	References to CPROX, CPR1st and CPROX1stAED removed from member update form; replaced with First Response Training International ratings. Formatting updated
0120	01/01/2020	Multiple forms updates to include location/facility on Diver registration form, instructor registration form, ops components upgrade form, and supervisor registration form.
0121	01/01/2021	1.15 ITI Medical Questionnaire and Physicians Sign Off replaced with UHMS equivalent form 1.17 ITI Medical Questionnaire replaced with UHMS Medical Questionnaire

ERDI Standards and Procedures

Part 5: ERDI Forms

Revision History		
Revision Number	Date	Changes
0221	02/01/2021	No Changes
0122	01/01/2022	1.3 Form updated to single page - Procedure 3 upgrades removed
0122a	01/01/2022	1.15 Updated Medical Questionnaire and Physicians Sign Off 1.17 Updated ERDI Diver Record Folder
0123	08/25/2022	1.2, 1.4 Form redesigned, payment info removed, directions added to include Member Agreement 1.6, 1.17 Text added to Liability Releases to be compliant with Montana statute 1.15 Updated Medical Questionnaire and Physicians Sign Off 1.18 Member Agreement added



1. Forms Overview

1.1 Diver Registration Form

Use this form for the following courses:

1. ERD I
2. ERD II
3. ERD Ops Components

Students can receive one of three levels of certification; Awareness, Operations or Technician. Each level is defined in Part 2 of the ERDI Training Standards.

When using the student registration form, fax or scan and email to ERDI/SDI/TDI Headquarters; the student cards will be returned in the mail.

Students can also be registered through the members' section of International Training Inc website.

When registering on-line the cards will be returned in the mail unless the facility has an in-store certification card printer. When using the in-store certification card printer, certification cards are printed and issued immediately to the students.

1.2 Instructor Registration Form

Use this form to apply for Instructor rating.

1.3 Ops Components Upgrade Form for Instructors

Use this form to apply for specialty upgrades – for Instructors ONLY.

1.4 Supervisor Registration Form

Use this form to apply for Supervisor rating.

1.5 Accident / Incident Report Form

Use this form to file information regarding an accident or incident with ERDI Headquarters.

1.6 General Liability Release and Express Assumption of Risk Form

Use this form to obtain the general liability release and assumption of risk from the students. Make sure to review the contents before starting on a course or specialty to ensure it has been completed and signed – including the signature of a witness. **Each course the student participates in requires a separate waiver release.**

1.7 Member Update Form

Use this form when renewing if a membership or teaching status has lapsed after 2 years not teaching.

1.8 Public Safety Diver Medical Information Form

Authorization to release medical information.

1.9 Public Safety Diver Post Dive Health Form

Used after diving to compare to future health differences.

1.10 Public Safety Diver Dive Log

Dive teams are required to log every open water operation they perform.

1.11 Crime Scene Sign In / Out Form

Provides documentation of the integrity of the dive scene. Everyone that enters or exits the scene must sign the form.

1.12 Public Safety Diver Field Sketch Form

Provides an easy way to record the dive scene.

1.13 Public Safety Diver Crime Scene Measurements Form

Provides an easy way to record the dive scene.

1.14 Public Safety Diver Decontamination Protocols Form

Helps to establish a reminder and a permanent record of decontamination procedures at the dive site.

1.15 Medical Questionnaire and Physicians Sign Off

Use this form to obtain medical information for the students. Make sure to review the contents before starting on a course or specialty. Should the student mark yes to any item on the questionnaire, the Guidelines to the *Physician and the Physician's Sign-off* page are included in this form.

1.16 Public Safety Diver Exposure Control Form

Must be completed if a diver is exposed to a contaminant, during a dive.

1.17 ERDI Diver Record Folder

Use this form to document, and retain, all training records for an ERDI Diver.

1.18 Member Agreement

Any new member must submit signed Membership Agreement with leadership level registration documents.



International Training

ERDI INSTRUCTOR REGISTRATION FORM

Directions: Please scan and send digitally. Include signed International Training Member Agreement when registering a new member. Member Agreement located in agency standards.

Other Instructor Ratings:

DRI# _____ PADI# _____ PSDA# _____ IANTD# _____ YMCA# _____ NAUI# _____

SSI# _____ LGS# _____ OTHER(specify) _____

Certificates & cards are sent directly to the instructor or facility.

Certification Fee: *Refer to current price list

Instructor Upgrade Fee: *Specify Upgrade Rating: _____

Print name as it is to appear on certification card:	_____
Date of Birth	_____
Complete mailing address (including City, State and Postal code)	_____ _____
Phone number	_____
E-mail address	_____

Course Completion Date: _____ / _____ / _____ Max training depth: _____ M Ft Freshwater Saltwater
Day / Month / Year

Instructor Name: _____ ERDI Instr. #: _____ ERDI Instr. Phone#: _____

Instructor Address: _____

I certify that the above named students have completed the ERDI training course indicated and have reached the proficiency level required by ERDI Standards before issuing these certifications. In addition, I agree to void all cards not issued within six months.

Instructor Signature: _____ Date: _____ / _____ / _____
Day / Month / Year

2nd Inst. / Asst. by: _____ Instr. #: _____

Location/Facility: _____ Facility #: _____

Ship To Address: _____
Add \$5.00 for shipping outside USA.

City: _____ State: _____

Zip (or postal code): _____ Country: _____



International Training

ERDI OPS COMPONENT UPGRADE FORM

Method of Payment

AMEX MasterCard Visa Check Money Order Make Checks payable to International Training (where applicable)

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

<input type="checkbox"/> Confined Spaces Ops <input type="checkbox"/> Contaminated Water Ops <input type="checkbox"/> Dry Suit Ops <input type="checkbox"/> Full Face Mask Ops <input type="checkbox"/> Ice Diver Ops	<input type="checkbox"/> Ice /Surface Rescue Ops <input type="checkbox"/> Small Boat Ops <input type="checkbox"/> Swift Water 1 <input type="checkbox"/> Tender Ops <input type="checkbox"/> Underwater Crime Scene Ops	<input type="checkbox"/> Night Ops <input type="checkbox"/> Other: (Specify) _____ _____ _____
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Instructor Name: _____ Member #: _____

Mailing Address: _____

Phone number: _____ E-mail address: _____

Specialty Procedure #1 Participation in an Instructor Specialty Class:

An ERDI Instructor has completed an ERD Ops Components Instructor Course.

Instructor Requirements:

- A. I agree to adhere to the ERDI Ops Component Course standard and outline provided by ERDI Headquarters.
- B. Documentation of 10 dives in that particular specialty course.

Course Location: _____ Facility #: _____ Course Completion Date: _____

Instructor Trainer Signature: _____ ERDI #: _____ Date: _____

Instructor Signature: _____ ERDI #: _____ Date: _____

Specialty Procedure #2 Administrative Specialty Instructor Upgrade. Must complete the dive history section below.

An instructor who wishes to cross over a specialty instructor rating from another certification agency to ERDI.

OR

An instructor whose experience in a particular specialty meets the requirements to teach an ERDI Ops Components Course.

Instructor Requirements:

- A. I agree to adhere to the ERDI Ops Component Course standard and outline provided by ERDI Headquarters.
- B. Documentation of 25 dives in each applied specialty course.

Instructor Signature: _____ Date: _____

Dive History

Include a brief summary of relevant experience for every checked specialty. Additional pages may be attached if more room is needed. _____



International Training

ERD SUPERVISOR REGISTRATION FORM

Directions: Please scan and send digitally. Include signed International Training Member Agreement when registering a new member. Member Agreement located in agency standards.

Certificates and cards are sent directly to the instructor or facility.

Add \$5.00 for shipping outside the U.S.

Certification Fee: * Refer to current price list

Print name as it is to appear on certification card:	_____
Date of Birth	_____
Complete mailing address (including City, State and Postal code)	_____ _____
Phone number	_____
E-mail address	_____

Course Completion Date: _____ / _____ / _____ Max training depth: _____ M Ft Freshwater Saltwater
Day / Month / Year

Instructor Name: _____ ERDI Instr. #: _____ ERDI Instr. Phone#: _____

Instructor Address: _____

I certify that the above named students have completed the ERDI training course indicated and have reached the proficiency level required by ERDI Standards before issuing these certifications. In addition, I agree to void all cards not issued within six months.

Instructor Signature: _____ Date: _____ / _____ / _____
Day / Month / Year

2nd Inst. / Asst. by: _____ Instr. #: _____

Location/Facility: _____ Facility #: _____

Ship To Address: _____
Add \$5.00 for shipping outside USA.

City: _____ State: _____

Zip (or postal code): _____ Country: _____



Diving Accident / Incident Report

1321 SE Decker Ave Stuart, FL 34994
Phone: 888-778-9073 Fax: 877- 436-7096
Email worldhq@tdisdi.com www.tdisdi.com

The information contained within all of the pages that make up this document is **CONFIDENTIAL** and **PRIVILEGED**. Said information is intended solely for the use of the individual to whom it is directed. If the recipient is a person / business other than those listed, you are hereby notified that any dissemination, copying, or other use of this communication is strictly prohibited. If you have received this document in error, please notify ERDI (Emergency Response Diving International) immediately at (888) 778-9073 and destroy this document immediately thereafter. Thank you for your cooperation and courtesy in relation to this matter.

Please print or type clearly. It is extremely important that you fill in this form COMPLETELY!

Date of Accident:

Name of Victim:

Location of Accident:

Address of Victim:

Sex:

Age:

Was this an instructional or supervised dive?

Check all items applicable. Fatality: ___ Bodily Injury: ___ Bends: ___ Embolism: ___ Non-Injury: ___

Other (describe):

Describe the diving experience of the victim; was he a student? Novice diver? Experienced diver?

Describe the injuries suffered by the victim:

Please provide all details regarding weather conditions (water, visibility, wind, waves etc.):

Please provide details of any equipment failure:

Please describe any rescue or emergency procedures used and first aid given:

Please list any other emergency personnel / agencies that attended:

Narrative report: Describe the accident and the events leading up to it with your best overview, including the roles of the participants. Use additional pages if needed to give a complete account:

Your Name:

Your ERDI Number:

Your Address:

Your Telephone Number. Day:

Evening:

Please describe your current diving status (i.e. active instructor, divemaster etc.):

Describe your personal participation in the incident (i.e. were you instructing the victim, a witness, called on to assist, etc.):

Please list the names, addresses and phone numbers of all other participants, witnesses. Use additional sheets if needed:



International Training

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Directions: Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

For _____ (specify Course or Specialty) training program under sanction through Emergency Response Diving International (ERDI), a division of International Training.

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities and the additional hazards associated with any form of emergency response diving.

_____ Further, I understand that diving with compressed air or oxygen enriched air (Nitrox) involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotraumas/hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the dive sites, which are necessary for training and certification, may be at sites that are remote, either by time, distance, or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

_____ I understand and agree that neither my Instructor(s) _____, the facility through which I received my instruction, _____, International Training and Emergency Response Diving International (ERDI), nor the officers, directors, shareholders, affiliated companies, employees, agents or assigns of the above listed entities and/or individuals, nor the authors of any materials including texts and tables expressly used for training and certification (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class and training or a result of the negligence of any party, including the Released Parties, whether passive or active.

_____ In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen. I acknowledge that emergency response diving can result in personal injury, death or exposures to harmful chemical, biological, or other foreign substances, even when all currently known limits and safety guidelines are followed correctly.

_____ I further agree to save, defend, indemnify, and hold harmless said course and Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs, or assigns, arising directly or indirectly out of my enrollment and participation in the course including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or fraudulent.

_____ I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving course and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said course and Released Parties for any such injuries incurred by me.

_____ I understand that these activities may place me in potential entanglements, confined spaces, overhead environments and other situations from which I am unable to safely execute a free (without breathing gas) ascent from depth. I also understand that emergency response diving will expose me to certain hazardous environments including, but not limited to: hazardous chemicals, hazardous biological agents, and other potentially threatening substances. I understand that I am responsible for taking the proper steps to protect myself from these substances that may include added exposure protection and extensive post-dive hygiene.

_____ I understand that I may be required to furnish my own equipment and that I am responsible for its operating condition and maintenance.

_____ I understand that some equipment may be furnished by the Released Parties. I will exercise reasonable and ordinary care for this equipment and its maintenance while it is within my custody. I will ensure its adequate performance prior to using the equipment in any diving activities.

_____ I further state that I am of lawful age and legally competent to sign this liability release.

_____ I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, _____ (AND OTHERS _____), THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION _____, THE TRAINING AGENCY _____ AND INTERNATIONAL TRAINING AND EMERGENCY RESPONSE DIVING INTERNATIONAL (ERDI), AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH WHOEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MY HEIRS AND MYSELF.

This document is required for all courses and Specialties taught under sanction by Emergency Response Diving International (ERDI). No alterations, changes, omissions or revisions may be made.

Signature of Student/Participant (where applicable) _____ Date: _____ / _____ / _____
Day / Month / Year

Witness Signature _____ Date: _____ / _____ / _____
Day / Month / Year

v0922



Member Update Form (Page 1 of 2)

To be used by inactive members and/or Instructor Trainers to verify renewal or update requirements

	First	Middle	Last
Member Name:			
Address:			
City:	State:	Postal code:	
		Country:	
Phone: (H)	(W)	(M)	
Birth date (mm/dd/yyyy):	E-mail:		

SDI/TDI/ERDI Member Number (REQUIRED):	
Date last renewed with SDI/TDI/ERDI:	
SDI/TDI/ERDI Facility affiliation:	
Highest SDI/TDI/ERDI Professional rating:	
Date of last scuba diving medical:	(attach copy)
Date of last CPR and first aid certification:	(attach copy)

Other Agency Membership(s)

(List of any other agency memberships and current status. Include student count for past 2 years)

Certification:	Agency:	Certification #:
Current Status:		Date Last Active: / /
Certification:	Agency:	Certification #:
Current Status:		Date Last Active: / /

Level of Rating(s) Being Updated

1:		
2:		
3:		

Instructor Trainer Details

Name:	Member #:
E-mail:	Phone:



Member Update Form (Page 2 of 2)

To be used by inactive members and/or Instructor Trainers to verify renewal or update requirements

Location of Update:

Update Components

(ITs must initial the relevant subject line(s) verifying the updating member has completed all the necessary skill performance and graduation requirements for the applicable instructor level course(s). Attach notes if necessary.

IT's Initials

Subjects:

- Online Professional Familiarization Program
- SDI Standards and Procedures Review
- TDI Standards and Procedures Review
- ERDI Standards and Procedures Review
- Current Training Updates Review
- SDI Instructor Evaluation Course (*required for SDI instructors updating*)
- Classroom Presentation
- Confined Water Lesson
- Open Water Lesson
- Written Exam Completed (*with 100% remediation as required*)
- First Response Training International Programs (specify)
- TDI Open Circuit Instructor Course (specify)
- TDI SCR Instructor Course (specify)
- TDI CCR Instructor Course (specify)
- TDI Overhead Environment Instructor Course (specify)
- ERDI Instructor Course Skill Performance Requirements
- Other (specify)
- Other (specify)
- Other (specify)

Number of academic presentations completed:

Number of confined water dives completed:

Number of open water dives completed:

Max depth:

Date update completed:

Declaration by Member: *I fully understand and have completed all the requirements for this instructor update and am in possession of current student manuals and instructor guides for the ratings I hold. I also understand that this update does not guarantee renewal of membership or active teaching status and I am not authorized to teach SDI/TDI/ERDI programs until I have received approval from the HQ Training Department. I certify that I have no outstanding quality assurance issues with any scuba certifying agency and know of no reason that my status may not be renewed.*

Signature:

Date:

Declaration by instructor trainer: *I verify that the member has satisfactorily completed all the requirements of this instructor update to the level required by current SDI/TDI/ERDI Standards.*

Signature:

Date:



Medical Information

Phone: 888-778-9073
www.tdisdi.com

Fax: 877-436-7096
Email: worldhq@tdisdi.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ **DOB:** _____

Previous Name: _____ **SS#:** _____

I request and authorize _____
to release healthcare information of the patient named above to:

Name: _____

Address _____

City: _____ **State:** _____ **Zip Code:** _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates:

All healthcare information

Other: _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

Yes No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

Yes No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.



Post Dive Health

Phone: 888-778-9073
www.tdisdi.com

Fax: 877-436-7096
Email: worldhq@tdisdi.com

Date Sent:	Date Return:
All questions contained in this questionnaire are strictly confidential and will become part of your dive log and medical record.	
Name: (Last, First, M.I.)	<input type="checkbox"/> M <input type="checkbox"/> F DOB:
Department Assignment: <input type="checkbox"/> Sheriff <input type="checkbox"/> Police <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Emergency Mgt. <input type="checkbox"/> Emergency Medical <input type="checkbox"/> Other:	
Personal Physician:	Date of last physical exam:

PERSONAL HEALTH HISTORY

Have you ever had:	<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rhubella <input type="checkbox"/> Chickenpox <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Polio
Immunizations and dates:	<input type="checkbox"/> Tetanus _____ <input type="checkbox"/> Pneumonia _____ <input type="checkbox"/> Hepatitis _____ <input type="checkbox"/> Chickenpox _____ <input type="checkbox"/> Influenza _____ <input type="checkbox"/> MMR (Measles, Mumps, Rhubella) _____

List any medical issues you suffer that have been diagnosed by doctors.

Year	Reason	Hospital

If you have been hospitalized for any reason, please explain.

Year	Reason	Hospital

Have you ever had a blood transfusion? Yes No

Do you have any allergies to medications:

Name of Drug	Reaction

PERSONAL HEALTH HISTORY Cont.

List any medications you currently take, including: prescribed drugs and over-the-counter drugs, such as vitamins and inhalers.

Name of Drug	Strength	Frequency Taken

HEALTH HABITS AND PERSONAL SAFETY

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.

Exercise: Sedentary (No exercise) Mild exercise (i.e., climb stairs, walk 3 blocks, golf)
 Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)
 Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)

Diet: Are you dieting? Yes No
If yes, are you on a physician prescribed diet? Yes No
Number of meals you eat in an average day?
Rank Salt Intake High Medium Low
Rank Fat Intake High Medium Low

Caffeine: None
 Coffee
 Tea
 Cola
Cups/cans per day

Alcohol: Do you drink alcohol? Yes No Are you concerned about the amount you drink? Yes No
If yes, what kind? _____ How many drinks per week? _____
Have you considered stopping? Yes No Have you ever experienced blackouts? Yes No
Are you prone to binge drinking? Yes No Do you drive after drinking? Yes No

Tobacco: Do you use tobacco? Yes No Cigarettes - #/perday _____ Chew - #/perday _____
 Pipe - #/perday _____ Cigars - #/perday _____ # of years _____

Drugs: Do you currently use recreational/street drugs? Yes No
Have you ever given yourself street drugs with a needle? Yes No

Sex: Are you sexually active? Yes No If yes, are you trying for a pregnancy Yes No
If not trying for a pregnancy list contraceptive/barrier method used: _____
Any discomfort with intercourse? Yes No
Illness related to the Human Immunodeficiency Virus (HIV), such as AIDS, has become a major public health problem.
Risk factors for this illness include intravenous drug use and unprotected sexual intercourse.
Would you like to speak with your provider about your risk of this illness? Yes No

Personal Safety:

- Do you live alone? Yes No
- Do you have frequent falls? Yes No
- Do you have vision/hearing loss? Yes No
- Do you have an Advance Directive/Living Will? Yes No
- Would you like information on the preparation of these? Yes No
- Physical and/or mental abuse have also become major public health issues in this country. This often takes the form of verbally threatening behavior or actual physical or sexual abuse.
- Would you like to discuss this issue with your provider? Yes No

Mental Health:

- Is stress a major problem for you? Yes No
- Do you feel depressed? Yes No
- Do you panic when stressed? Yes No
- Do you have problems with eating or your appetite? Yes No
- Do you cry frequently? Yes No
- Have you ever attempted suicide? Yes No
- Have you ever seriously thought about hurting yourself? Yes No
- Do you have trouble sleeping? Yes No
- Have you ever been to a counselor? Yes No

Women Only

- Age at onset of menstruation: _____
- Date of last menstruation: _____
- Period every _____ days
- Heavy periods, irregularity, spotting, pain, or discharge? Yes No
- Number of pregnancies _____
- Number of live births _____
- Pregnant/breastfeeding? Yes No
- Have you had a D&C, hysterectomy or Cesarean? Yes No
- Urinary tract, bladder or kidney infections w/in last year? Yes No
- Any blood in your urine? Yes No
- Any problems with control of urination? Yes No
- Any hot flashes or sweating at night? Yes No
- Do you have menstrual tension, pain, bloating, irritability, or other symptoms at or around time of period? Yes No
- Experienced any recent breast tenderness, lumps or nipple discharge? Yes No
- Date of last pap and rectal exam? _____

Men Only

- Do you usually get up to urinate during the night? Yes No
- If yes, # of times _____
- Do you feel pain or burning with urination? Yes No
- Any blood in your urine? Yes No
- Burning discharge from your penis? Yes No
- Has the force of your urination decreased? Yes No
- Have you had any kidney, bladder, or prostate infections within the last 12 months? Yes No
- Problems emptying your bladder completely? Yes No
- Any difficulty with erection or ejaculation? Yes No
- Any testicle pain or swelling? Yes No
- Date of last prostate and rectal exam? _____

Other Problems

Check if you have, or have had, any symptoms in the following areas to a significant degree and briefly explain.

- | | | | | | |
|---------------------------------|--------------------------------------|---|----------------------------------|---|---|
| <input type="checkbox"/> Skin | <input type="checkbox"/> Chest/Heart | <input type="checkbox"/> Head/Neck | <input type="checkbox"/> Back | <input type="checkbox"/> Weight | <input type="checkbox"/> Recent changes in energy level |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Intestinal | <input type="checkbox"/> Nose | <input type="checkbox"/> Bladder | <input type="checkbox"/> Ability to sleep | |
| <input type="checkbox"/> Throat | <input type="checkbox"/> Bowel | <input type="checkbox"/> Other pain/discomfort: | <input type="checkbox"/> Lungs | <input type="checkbox"/> Circulation | |



Dive Log

Phone: 888-778-9073
www.tdisdi.com

Fax: 877-436-7096
Email: worldhq@tdisdi.com

Today's Date:	Location:
Supervisor's Name:	Weather:
	Air Temp:
	Water Temp:
	Current/Kts.

SURFACE PREPARATION: Check all boxes that apply				
Dive Mode: <input type="checkbox"/> SCUBA <input type="checkbox"/> SSDE	Spec Equip: <input type="checkbox"/> FFM <input type="checkbox"/> Bail Out	<input type="checkbox"/> Rigging <input type="checkbox"/> Lift Bags	<input type="checkbox"/> Comms <input type="checkbox"/> Tether	<input type="checkbox"/> Dry Suit

PURPOSE OF DIVE				
<input type="checkbox"/> Training	<input type="checkbox"/> Non-Specific Search	<input type="checkbox"/> Evidence Search	<input type="checkbox"/> Equipment Testing	<input type="checkbox"/> Other _____

TIME ENTERED				
<input type="checkbox"/> Water:	<input type="checkbox"/> Starting Pressure:	<input type="checkbox"/> Bail-Out Pressure:	<input type="checkbox"/> Dive Time:	<input type="checkbox"/> Depth:

RISK ASSESSMENT				
<input type="checkbox"/> Dangerous Marine Life	<input type="checkbox"/> Safe Entries/Exits	<input type="checkbox"/> Visible Pollution	<input type="checkbox"/> Water Quality	
<input type="checkbox"/> Water Movement	<input type="checkbox"/> Overheads	<input type="checkbox"/> Site History	<input type="checkbox"/> Entanglements	
Water Tested for Contamination		<input type="checkbox"/> Yes <input type="checkbox"/> No	Results: _____	
Previous Water Quality Issues	<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Viral	<input type="checkbox"/> Chemical	<input type="checkbox"/> Radiological <input type="checkbox"/> Other _____

WHO TESTED THE WATER:	CONTACT#:
Did exposure occur to diver during dive? <input type="checkbox"/> Yes <input type="checkbox"/> No	How: <input type="checkbox"/> Puncture of Suit <input type="checkbox"/> Seal Leak <input type="checkbox"/> Zipper Failure <input type="checkbox"/> Pinholes in Suit <input type="checkbox"/> Inhalation <input type="checkbox"/> Skin Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Splashing Face

NARRATIVE	
<input type="checkbox"/> Narrative:	<input type="checkbox"/> Sketch:

The above information is to be maintained as part of the official dive record for all individuals involved. This record should be maintained for the career of the diver plus 30 years, in accordance with OSHA Exposure Management Standards in OSHA 29CFR 1910-1030.

Diver Name:	Date:	Supv. Name:	Date:
Divers Signature:	Date:	Supv. Signature:	Date:



Crime Scene Measurements

Phone: 888-778-9073
www.tdisdi.com

Fax: 877-436-7096
Email: worldhq@tdisdi.com

OCA#:	Date:	
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Location:

Investigated By:

No:	Photo Tent#	Description of Item	RP	Compass fm. RP	RP	Compass fm. RP
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No:	Photo Tent#	Description of Item	RP	Compass fm. RP	RP	Compass fm. RP
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No:	Photo Tent#	Description of Item	RP	Compass fm. RP	RP	Compass fm. RP
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Decontamination Protocols

Phone: 888-778-9073
www.tdisdi.com

Fax: 877-436-7096
Email: worldhq@tdisdi.com

Location of Dive:	Date:
Divers Name:	Supervisors Name:

All information in this document is collected for the purpose of ensuring uniform decontamination practices are performed at every dive scenario. Protocols listed are the minimum recommended guidelines necessary to ensure health and safety to all parties involved.

SURFACE PREPARATION: Check all boxes that apply		
<input type="checkbox"/> Ground Tarp	<input type="checkbox"/> Diver Shower System	<input type="checkbox"/> Tender Encapsulation
<input type="checkbox"/> Containment Pond	<input type="checkbox"/> Scrub Brushes	<input type="checkbox"/> Tender Eye Protection
<input type="checkbox"/> Absorbent Media	<input type="checkbox"/> 3% - 5% Clorox Solution	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Pressure Sprayers	<input type="checkbox"/> Antibacterial Wash	<input type="checkbox"/> Work Gloves
<input type="checkbox"/> Equipment Shower System	<input type="checkbox"/> Oil Removal Detergent	<input type="checkbox"/> Work Boots
<input type="checkbox"/> Fresh Water Supply	<input type="checkbox"/> EMS on Scene	<input type="checkbox"/> Fire Department on Scene

POST DIVE CHECKLIST: Check all boxes that apply		
Effluent Wash	Fresh water from surface line	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wash down for 1-3 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Diver sprayed from head to toe	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Equipment left in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clorox Wash	3% - 5% Solution	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wash down for 1-3 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Diver sprayed from head to toe	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Equipment left in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Underarms, Groin, Back covered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detergent Wash	Oil surfactant detergent used	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Anti bacterial detergent used	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wash down for 1-3 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Diver sprayed from head to toe	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Equipment left in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Underarms, Groin, Back covered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fresh Water Rinse	Fresh water from surface line	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Rinse for 1 - 3 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	BCD Removed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Face mask seal dried and mask removed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Removal	Wrist seals dried/wrists removed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Neck seal dried/neck removed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zipper area dried/suit removed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Equipment laid out to dry	<input type="checkbox"/> Yes <input type="checkbox"/> No

POST DIVE CHECKLIST CONT: Check all boxes that apply		
Diver	Diver shower	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Clean clothes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Finite Cleaning	FFM broken down, cleaned and re-assembled	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inlet /Exhaust Valves removed, cleaned and re-installed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Buoyancy equipment cleaned with Simple Green or other cleaner	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Buoyancy equipment inspected for leaks or minute damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dry suit inflated and scrubbed with Simple Green or other cleaner	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dry suit inspected under pressure for leaks or minute damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Weight system and weights cleaned and reinstalled	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tethers, umbilical's, safety equipment cleaned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Storage	Equipment thoroughly dried	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Packaged properly	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Stored in a cool, dry place	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Stored away from ozone emitting sources	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Stored in temperature controlled environment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Diver Name:	Date:	Supv. Name:	Date:
Diver's Signature:	Date:	Supv. Signature:	Date:

Decontamination Protocols

All information in this document is collected for the purpose of ensuring uniform decontamination practices are performed at every dive scenario. Protocols listed are the minimum recommended guidelines necessary to ensure health and safety to all parties involved.



**UNDERSEA &
HYPERBARIC
MEDICAL
SOCIETY**

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered **NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* If you answered **YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Diver Medical | Medical Examiner's Evaluation Form

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego



Diving Medical Guidance to the Physician

These guidelines are typically used by physicians who have been approached by an individual wishing to take part in recreational scuba diving or freediving. They will usually have completed a [WRSTC Diver Medical Participant Questionnaire](#).

Recreational scuba diving and freediving (hereafter "diving") is performed safely by many people. The risks associated with diving may be increased by certain physical conditions, and the relationship to diving may not be readily appreciated by candidates. Thus, it is important to screen divers for such conditions.

A physical examination for diving focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation with subsequent arterial gas embolization, and other conditions such as loss of consciousness, which could lead to drowning. Additionally, divers must be able to withstand some degree of thermal stress, the physiological effects of immersion, and have sufficient physical and mental reserves to deal with normal diving and possible emergencies.

The history, review of systems, and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not exhaustive, but contains the most commonly encountered medical problems. The brief introductions serve as an alert to the nature of the risk posed.

The potential diver and his or her physician must weigh the benefits to be had by diving against an increased risk of injury or death due to the individual's medical condition. As with any recreational activity, there are limited data for diving with which to calculate the mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of injury compared with the general population. The consultants involved in drafting this document would generally discourage a candidate with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgment on an assessment of the individual candidate. **Temporary Risk** refers to medical problems which may preclude diving but are temporary in nature, allowing the individual to dive after they have resolved.

Following many of the sections is a short list of references that give more information on the topic. The lists are not exhaustive, but examples that may be of particular relevance.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the candidate's status. A list of references is included to aid in clarifying issues that arise.

The following sections are included in this document (click to jump to section):

[BEHAVIORAL HEALTH](#) [CARDIOVASCULAR SYSTEMS](#) [GASTROINTESTINAL](#) [HEMATOLOGICAL](#)
[METABOLIC AND ENDOCRINOLOGICAL](#) [NEUROLOGICAL](#) [ORTHOPEDIC](#) [OTOLARYNGOLOGICAL](#) [PULMONARY](#)

BEHAVIORAL HEALTH

Behavioral health is one of the most difficult aspects of diver candidate evaluation, because many relevant potential problems may not be apparent and are not easily assessed in an office consultation. This is also an aspect of evaluating suitability for diving in which the diving instructor, who observes the candidate in the field, must also play a part.

The diving candidate must be capable of learning and applying a theoretical knowledge base for diving. Significant intellectual handicap is incompatible with independent diving. Medical examiners need to be attuned to both safety and pragmatic considerations associated with learning and developmental disabilities that require special accommodations and/or medication(s). Prospective divers who have been formally diagnosed with a learning or developmental disability may seek medical advice regarding their fitness to dive and can benefit from insight into the potential safety and educational accommodations that may be required. A medical clearance does not constitute a mandate to an instructor to take an individual as a student. Nor does it imply that the prospective diver has undergone a formal learning/developmental disability evaluation, which is outside the scope of these examinations.

The decision to eventually certify an individual as a diver, taking account of a learning/developmental disability and the candidate's capacity to accommodate it in diving is, ultimately, up to the instructor, who will have the opportunity to assess knowledge acquisition and observe the candidate's behavior and performance in the instructional setting.

Motivational and behavioral traits should be considered if there is obvious related history or problems become apparent during training. Candidates who appear unmotivated, irresponsible, or prone to distraction or panic should be discouraged from diving.

A history of psychiatric disease is not in and of itself disqualifying. Psychotropic medications can be problematic if they are associated with altered level of awareness or sedation, or may alter seizure threshold, (e.g., benzodiazepines, narcotics). What is of primary importance is the individual's current psychological state, and anticipated impact of their mental/psychological history relative to their ability to navigate the potential and anticipated challenges and stresses of diving. The level of baseline mental health, with or without medication, is therefore of greater importance than the theoretical effects of a given medication or class of medications while diving.

Candidates with major depression, bipolar disorder, psychoses, or current drug or alcohol abuse should not dive. Even if a candidate is well controlled on medication (see below for discussion of SSRIs), there may be risks associated with the use of potent antidepressants and antipsychotic drugs in the underwater environment. The tendency for potent psychotropic drugs to impair concentration and cause drowsiness is of particular concern, as is their potential to lower the seizure threshold, and the lack of research data evaluating potential interactions with the pressure environment. Candidates with a past history of major psychiatric problems or drug/alcohol abuse who are stable without medication and withdrawn from drugs and alcohol can be considered on a case-by-case basis, preferably by a physician trained in diving medicine.

Perhaps the most challenging group of candidates from a behavioral perspective in the modern context is those with "mild" depression (those who have never been hospitalized for psychiatric treatment or placed on psychiatric hold or attempted self-harm) or those with mood disturbances treated with selective serotonin reuptake inhibitors (SSRIs). The general use of SSRIs has increased dramatically over recent years in many countries. There are no data describing use of SSRIs among divers, but anecdotally the numbers are significant. Concerns over diving while using SSRIs relate to the disorder being treated and to the potential interaction between the drug and diving. There are many candidates taking these drugs whose mild mood disturbance would not of itself constitute a reason to avoid diving. Evaluation of the potential for an interaction between SSRIs and diving is more difficult. There are no published reports of apparent problems despite what is almost certainly a large number of divers using them. Diving while taking an SSRI is probably acceptable provided that: the treated mood disturbance was mild prior to treatment and has been well controlled by the drug; the drug has been used for at least one month without evidence of relevant side effects; and the candidate is fully counseled about (and accepting of) the relevant risks. If the candidate is considering diving beyond the traditional recreational envelope or using gases other than air, he or she should consult an appropriate diving medicine specialist.

There are also potential risks associated with other drugs used to treat psychiatric conditions, including serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs), and atypical agents (including bupropion). Candidates on these medications should be evaluated on a case-by-case basis.

Severe Risk Conditions

- Active major depression, bipolar or psychotic disorder
- History of panic attacks
- Drug or alcohol abuse
- Severe intellectual handicap

Relative Risk Conditions

- Questionable motivation to dive – solely to please spouse, partner or family member, or to prove oneself in the face of personal fears
- Developmental delay/Cognitive impairment
- Anxiety disorder
- History of drug or alcohol abuse
- History of major depression, bipolar, or psychotic disorder
- Use of psychotropic medications
- Claustrophobia or agoraphobia

CARDIOVASCULAR SYSTEMS

Diving places increased demands on the heart. Immersion itself results in an increase in cardiac preload, as does peripheral vasoconstriction with an increase in blood pressure. These changes are typically accompanied by sustained mild to moderate exercise. Perhaps not surprisingly, almost 30% of recreational diving fatalities have a cardiac event as the disabling injury. It follows that the primary goals of evaluating the cardiovascular system in a diving candidate are to identify those who appear to be at risk of myocardial ischemic events, myocardial insufficiency, or other cardiac events (such as arrhythmias) that might disable a diver underwater, and to establish that the candidate has an adequate exercise capacity for diving.

With the above in mind, some cardiac diagnoses are considered to render a candidate unsuitable for diving, including: untreated symptomatic coronary artery disease, dilated or obstructive or previous stress cardiomyopathy, congestive heart failure, moderate or worse pulmonary hypertension, long QT syndrome or other arrhythmia-inducing channelopathies, paroxysmal arrhythmias causing unconsciousness or impairment of exercise capacity, poor exercise capacity of apparent cardiac origin, moderate to severe valvular lesions, complex congenital cardiac disease, atrial septal defect, and the presence of an implanted cardiac defibrillator.

Potential candidates with any of the following should be investigated to exclude a disqualifying condition:

- Exertional chest pain, dyspnea, palpitations, or syncope
- Unexplained syncope/near syncope
- Heart murmur
- Hypertension
- Family history of premature death (sudden/unexpected or cardiac) before age 50, cardiac disease before age 50, cardiomyopathy, arrhythmia, or channelopathy

It is strongly recommended that these candidates be evaluated in consultation with a physician trained in diving medicine and possibly a cardiologist. Successful treatment of disqualifying cardiac disorders may result in a candidate becoming suitable for diving. For example, a candidate with coronary artery disease (including previous myocardial infarction) who has been successfully revascularized may be suitable for diving if inducible ischemia can be excluded and adequate exercise capacity demonstrated (for example, in an exercise stress test). The capacity to sustain exercise at 6 MET (metabolic equivalent of task; 1 MET approximates resting metabolic rate, assumed to approximate an oxygen consumption of 3.5 mL/kg/min; 6 MET approximates an effort of six times resting metabolic rate, approximating an oxygen consumption of 21 mL/kg/min is a pragmatic expectation for a recreational diver, but there may be an occasional need to exercise transiently at higher levels during diving. Similarly, a candidate with a history of paroxysmal arrhythmia who has undergone successful pathway ablation may

be suitable for diving. Candidates with any of the above diagnoses who wish to consider diving after appropriate treatment are best referred to a physician trained in diving medicine for evaluation.

Asymptomatic candidates over 45 years of age with risk factors for coronary artery disease should undergo evaluation by a physician. Individuals with a predicted 5-10 year risk of a cardiovascular event >10% using a cardiac risk calculator should be investigated for coronary disease unless they provide a credible history of exercise capacity which renders significant coronary disease very unlikely. A coronary calcium score is a suitable initial investigation, and a myocardial perfusion scan, stress echocardiogram, or CT coronary angiogram should be considered in following up a positive calcium score. Consideration of a tailored investigation pathway for the individual diving candidate is ideally undertaken by a cardiologist in consultation with a physician trained in diving medicine. Candidates who prove to have inducible ischemia or obstructive lesions justifying intervention should not dive until completion of the intervention and demonstration of its success. Candidates with non-obstructive coronary disease not requiring invasive intervention should have aggressive management of risk factors and may be suitable for diving if adequate exercise capacity can be demonstrated. Although an exercise ECG is relatively insensitive to early coronary disease, it has the advantage of demonstrating exercise capacity and can be modified to test sustained exercise at 6 MET.

Left ventricular hypertrophy (LVH) is a risk factor for arrhythmias, which may be induced by exercise or immersion. Candidates for diving with this condition should be counseled about the risks of diving.

A patent foramen ovale (PFO) that exhibits right-to-left shunting with no or minimal provocation is a risk factor for serious neurological decompression sickness. In established divers, such lesions are usually discovered by bubble contrast echocardiography conducted after a relevant episode of decompression sickness. These divers are usually advised either to cease diving, modify their diving to reduce venous bubble formation (venous bubbles crossing from right to left are almost certainly the vectors of harm in this setting), or to have the PFO repaired. Occasionally, new diver candidates have a previously discovered PFO, and in such cases an objective assessment of the shunting behavior of the lesion is required in order to adequately counsel the candidate about the implied risks in diving. If not already done, this is best achieved using bubble contrast transthoracic echocardiography at rest and with provocative maneuvers. It is strongly recommended that the results of such tests are discussed with a physician trained in diving medicine. Routine screening of all diving candidates for PFO is not recommended.

In relation to some specific cardiovascular diagnoses: Treated hypertension with adequate control is acceptable in diving in the absence of other risk factors that would meet a risk threshold indicating screening for coronary artery disease. Atrial fibrillation that is adequately rate-controlled in a candidate without inducible myocardial ischemia and who exhibits adequate exercise capacity is acceptable in diving. However, many such candidates are anticoagulated and the risks of diving whilst anticoagulated would need to be understood and carefully considered by the candidate. This is best achieved through discussion with a physician trained in diving medicine.

Immersion pulmonary edema is a problem that has been seen in swimmers, compressed gas divers, and freedivers. The condition may be under-diagnosed. Risk factors include hypertension, valvular disease, diastolic dysfunction, cardiomyopathies, pulmonary hypertension, hyperhydration, immersion, cold stress, constrictive garments, exercise, and for compressed gas divers, increased breathing resistance (affected by equipment, gas density, and body position), and for freedivers, pulmonary squeeze due to compression during descent. A single episode of immersion pulmonary edema may contra-indicate further diving if no modifiable risk factors are found. Repetitive cases represent a strong contra-indication. A diver or new diving candidate with such a history should be referred to a physician trained in diving medicine for discussion of the relevant issues.

Candidates with pacemakers may be able to dive, though pacemaker-dependent candidates should consider the risks carefully. The pathologic process that necessitated the pacemaker should be considered as should the candidate's functional capacity (see above). Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving. Devices vary in this regard, but diving beyond 30 meters/100 feet with any of them is unwise.

Severe Risk Conditions

- Untreated symptomatic coronary artery disease
- Dilated or obstructive cardiomyopathy
- Heart failure
- Pulmonary hypertension
- Long QT syndrome or other arrhythmia-inducing channelopathies
- Paroxysmal arrhythmias causing unconsciousness or impairment of exercise capacity
- Poor exercise capacity of apparent cardiac origin
- Moderate to severe valvular lesions
- Complex congenital cardiac disease
- Atrial septal defect
- Presence of an implanted cardiac defibrillator
- Multiple episodes of immersion pulmonary edema

Relative Risk Conditions

- Treated coronary artery disease
- Collectively, risk factors such as age >45 years, hypertension, smoking, elevated cholesterol and a positive family history may indicate investigation for coronary artery disease
- History of dysrhythmias requiring medication for suppression
- Mild valvular lesions (need periodic re-evaluation)
- Cardiac prostheses or arrhythmias requiring anticoagulation
- Pacemakers
- Single previous episode of immersion pulmonary edema
- Marfan syndrome or other connective tissue disorder (severe risk if there is a history of dissection)
- Left ventricular hypertrophy

References

- Denoble PJ, Holm JR, eds. Patent Foramen Ovale and Fitness to Dive Consensus Workshop Proceedings. Durham, NC: Divers Alert Network, 2015; 160 pp.
- Kumar M, Thompson PD. A literature review of immersion pulmonary edema. *Physic Sportsmed.* 2018; 47(2):148-151.
- Lafay V, Trigano JA, Gardette B, Micoli C, Carre F. Effects of hyperbaric exposures on cardiac pacemakers. *Br J Sports Med.* 2008;42(3):212-216
- Mitchell SJ, Bove AA. Medical screening of recreational divers for cardiovascular disease: Consensus discussion at the Divers Alert Network Fatality Workshop. *Undersea Hyperb Med.* 2011; 38(4), 289-296.
- Moon RE, Bove AA, Mitchell SJ. PFO statement. In: Denoble PJ, Holm JR. eds. Patent Foramen Ovale and Fitness to Dive Consensus Workshop Proceedings. Durham, NC: Divers Alert Network, 2016; 156-160.
- Pollock NW. Aerobic fitness and underwater diving. *Diving Hyperb Med.* 2007; 37(3): 118-124.
- Smart D, Mitchell SJ, Wilmshurst P, Turner M, Banham N. Joint position statement on persistent (patent) foramen ovale and diving. South Pacific Underwater Medicine Society (SPUMS) and the United Kingdom Sports Diving Medical Committee (UKSDMC). *Diving Hyperb Med.* 2015; 45(2), 129-131.

GASTROINTESTINAL

In general terms, there should be no gastrointestinal conditions present that increase the likelihood of vomiting, reflux, bleeding, perforation, diarrhea, or pain. Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Trapped gas expands as the diver surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning. Dive activities may take place in areas remote from medical care, and the possibility of acute recurrences of disease must be considered.

Severe Risk Conditions

- Active inflammatory bowel disease
- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal hernia
- Gastroparesis

Relative Risk Conditions

- Inflammatory bowel disease when quiescent
- Functional bowel disorders

Temporary Risk Conditions

- Peptic ulcer disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate

References

Bennett PB, Cronje FJ, Campbell E, Marroni A, Pollock NW. Assessment of Diving Medical Fitness for Scuba Divers and Instructors. Flagstaff, AZ: Best Publishing. 2006; 241 pp.

Vote D. Gastrointestinal issues – consider them before returning to diving. https://www.diversalertnetwork.org/medical/articles/Gastrointestinal_Issues

US Navy Diving Manual, Volume 2, Revision 7. Gastrointestinal distension. NAVSEA 0910-LP-115-1921. Naval Sea Systems Command: Washington, DC, 2016: 3-31-3-32.

HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (eg, in hemophilia) may be difficult to distinguish from decompression illness. Thrombophilic disorders (hereditary or acquired) may facilitate vascular thrombosis and susceptibility to DCS.

Relative Risk Conditions

- Sickle cell disease
- Polycythemia vera
- Leukemia
- Hemophilia/Impaired coagulation
- Recent blood transfusion
- Recent thrombotic episodes
- Hereditary hypercoagulability conditions
 - Factor V Leiden
 - Prothrombin 20210A
 - Protein C deficiency

- Protein S deficiency
- Antithrombin deficiency

Temporary Risk Conditions

- Prescription of anti-coagulant drugs of any kind, including platelet aggregation inhibitors

References

Bennett PB, Cronje FJ, Campbell E, Marroni A, Pollock NW. Assessment of Diving Medical Fitness for Scuba Divers and Instructors. Flagstaff, AZ: Best Publishing. 2006; pp 97-104.

Parker J. Haematology. In: The Sports Diving Medical, 2nd Edition. JL Publications, Melbourne 2002, pp 100-102.

Wending J, et al. Haematological disorders. In: Medical Assessment of Fitness to Dive. International Edition. Hyperbaric Editions CH 2502 Biel, 2001, pp 126. ISBN 3-9522284-1-9.

METABOLIC AND ENDOCRINOLOGICAL

States of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

Severe Risk Conditions

- The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, except when conducted according to the consensus guidelines for recreational diving with diabetes.
- Pregnancy: The effect of venous emboli formed during decompression on the fetus has been proven to be potentially detrimental to fetus health. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant. (Note that in cases where pregnancy is discovered after diving, it is not considered grounds for termination.)

Relative Risk Conditions

- Hormonal excess or deficiency
- Obesity
- Renal insufficiency

References

Damnon F, de Rham M, Baud D. Should a pregnancy test be required before scuba diving? Br J Sports Med. 2016; 50(18): 1159-1160.

Dear GdeL, Pollock NW, Uguccioni DM, Dovenbarger J, Feinglos MN, Moon RE. Plasma glucose response to recreational diving in divers with insulin-requiring diabetes. Undersea Hyperb Med. 2004; 31(3): 291-301.

Held HE, Pollock NW. The risks of diving while pregnant - reviewing the research. Alert Diver. 2007; Mar/Apr: 48-51.

Pollock NW, Uguccioni DM, Dear GdeL. Diabetes and recreational diving: guidelines for the future. Diving Hyperb Med 2006; 36(1): 29-34.

NEUROLOGICAL

Neurological illnesses, especially those affecting the spinal cord and peripheral nerves, should be assessed according to the degree of functional compromise present. Any condition that diminishes the reserve capacity of the spinal cord may reduce the likelihood of a full functional recovery, should an episode of spinal decompression sickness occur. Conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, may contraindicate diving, because an exacerbation or attack of the pre-existing disease (eg, migraine headache with aura) may be difficult to distinguish from neurological decompression

sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure. A diagnosis of epilepsy is considered an absolute contraindication for diving.

Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:

- Epilepsy or history of seizures, other than childhood febrile seizures
- History of transient ischemic attack (TIA) or cerebrovascular accident (CVA)
- History of serious (central nervous system, cerebral or inner ear) decompression sickness with residual deficits
- Recurrent episodes of loss of consciousness or fainting

Relative Risk Conditions

Complicated migraine headaches, particularly if severe, frequent or presenting with neurological manifestations eg, motor, sensory or cognitive disturbance.

- History of head injury with sequelae other than seizure
- Herniated nucleus pulposus
- Intracranial tumor or aneurysm
- Peripheral neuropathy
- Multiple sclerosis
- Trigeminal neuralgia
- History of spinal cord or brain injury
- Parkinson's disease

References

Bennett PB, Cronje FJ, Campbell E, Marroni A, Pollock NW. Assessment of Diving Medical Fitness for Scuba Divers and Instructors. Flagstaff, AZ: Best Publishing. 2006; 241 pp. 173-188.

Burkett JG, Nahas-Geiger SJ. Diving Headache. *Curr Pain Headache Rep.* 2019;23(7):46.

Massey EW, Moon RE. Neurology and diving. *Handb Clin Neurol.* 2014;120:959-969.

Rosinska J, Łukasik M, Kozubski W. Neurological complications of underwater diving. *Neurol Neurochir Pol.* 2015;49(1):45-51.

UK Diving Medical Committee, Neurological disease. <http://www.ukdmc.org/medical-conditions/neurological-disease/>

ORTHOPEDIC

Mobility above and under the water is an essential requirement for any sport or recreational diver. Entering the water from shore or a dive boat, underwater propulsion and exiting into a dive boat or onto shore should be possible without great difficulty.

Relative impairment of mobility, particularly on a boat or ashore with equipment weighing up to 30 kg/66 lb (or significantly more in the case of cold water or for more equipment intensive activities, for example), must be assessed. Orthopedic conditions of a degree sufficient to impair exercise performance may increase the risk.

In some cases, like amputations resulting in various degrees of disability, it would be advisable to judge case by case by a physician trained in diving medicine.

Relative Risk Conditions

- Amputation
- Scoliosis: must also assess impact on respiratory function and exercise performance
- Aseptic necrosis: possible risk of accelerated progression due to the effects of decompression
- Disc prolapse
- Habitual luxation (eg, shoulder, hip, patella)
- Degenerative joint diseases

Temporary Risk Conditions

- Back pain
- Fractures until complete healing of bone and soft tissue and positive weight bearing tests taking into consideration the weight of the used dive gear on land
- Muscle-tendon and ligament injuries
- Completion of physiotherapy/rehabilitation regimes

References

Moeller JL. Contraindications to athletic participation. *Physic Sportsmed.* 1996; 24(9): 57-75.

OTOLARYNGOLOGICAL

Equalization of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear, and paranasal sinuses. Failure of this to occur results at least in pain and in the worst-case rupture of the occluded space with disabling and possible lethal consequences. The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes may be prone to reinjury with marked overpressurization during vigorous or explosive Valsalva maneuvers. The larynx and pharynx must be free of obstruction to airflow. The laryngeal and epiglottic structures must function normally to prevent aspiration. Mandibular and maxillary function must be capable of allowing the candidate to hold a scuba regulator mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air-filled cavities involved.

Severe Risk Conditions

- Monomeric tympanic membrane (TM)
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- Uncorrected laryngocele

- History of vestibular decompression sickness
- Symptomatic nasal or sinus polyps
- Ménière's disease

Relative Risk Conditions

- Recurrent otitis externa
- Significant obstruction of external auditory canal
- History of significant cold injury to pinna
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- History of TM perforation
- History of tympanoplasty
- History of mastoidectomy
- Significant conductive or sensorineural hearing impairment
- Facial nerve paralysis not associated with barotrauma
- Full prosthodontic devices
- History of mid-face fracture
- Unhealed oral surgery sites
- History of head and/or neck therapeutic radiation
- History of temporomandibular joint dysfunction
- History of round window rupture
- Symptomatic nasal septum deviation
- Recurrent benign positional vertigo
- Otosclerosis

References

Lechner M, Sutton L, Fishman JM, Kaylie DM, Moon RE, Masterson L, et al. Otorhinolaryngology and diving - part 1: otorhinolaryngological hazards related to compressed gas scuba diving: a review. *JAMA Otolaryngol Head Neck Surg.* 2018;144(3):252-258.

Lechner M, Sutton L, Fishman JM, Kaylie DM, Moon RE, Masterson L, et al. Otorhinolaryngology and diving – part 2: otorhinolaryngological fitness for compressed gas scuba diving: a review. *JAMA Otolaryngol Head Neck Surg.* 2018;144(3):259-263.

Molvaer OI. Otorhinolaryngological aspects of diving. In: Bennett PB, Elliott DH, eds. *Physiology and Medicine of Diving*, 5th ed. Saunders, Edinburgh, 2003. P227-P264.

Wendling J, et al. Otorhinolaryngology. In: *Medical Assessment of Fitness to Dive. International Edition.* Hyperbaric Editions CH 2502 Biel, 2001. Pp25-48. ISBN 3-9522284-1-9.

PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary over inflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: asthma, chronic obstructive pulmonary disease (COPD), cystic or cavitating lung diseases may all cause air trapping.

Undersea and Hyperbaric Medical Society and British Thoracic Society guidelines recommend that asthmatics should be advised not to dive if they have wheeze precipitated by exercise, cold, or emotion. Asthmatic individuals who are currently well controlled and have normal pulmonary function tests may dive if they have a negative exercise test. Many people with asthma have well controlled disease and are physically fit. They may, however, show minor abnormalities on spirometry at rest or after exercise. Those with a history of severe or unpredictable

acute exacerbations are not fit to dive. For those without such a history, the overriding consideration is that the candidate must be physically fit and not impaired after exercise or cold air breathing, which is the normal case of gas expanding from within a scuba cylinder. The best way to assess fitness is with an exercise test. Inhalation challenge tests (eg, using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving. If persons with breathing issues are cleared to dive, they need to take their regular inhalers and should not dive if suffering symptoms suggestive of exacerbation. Note that the FEV₁/FVC ratio may be reduced below predicted, but provided there is no deterioration after exercise and the person performs well on the exercise test, a mildly obstructed spirometric tracing on its own is not a contraindication to diving.

A pneumothorax that occurs while diving may be catastrophic. As the diver ascends, trapped gas expands and could produce a tension pneumothorax. In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Individuals who have experienced spontaneous pneumothorax are at risk of recurrence, and should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (eg, pleurodesis, apical pleurectomy) or may not totally correct it (eg, resection of blebs or bullae). A high-resolution CT (HRCT) scan of the lungs may reveal cysts or blebs that represent a risk. Persons who have no parenchymal abnormality on HRCT and have had bilateral surgical pleurodesis (including VATS pleurodesis) may be cleared to dive. However, in most cases, a history of spontaneous pneumothorax will be an absolute contraindication to diving. Traumatic pneumothorax is not a problem as the likelihood of subsequent spontaneous pneumothorax is vanishingly low.

Structural disorders of the chest or abdominal wall or neuromuscular disorders may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

The emergence of COVID-19 has placed an additional layer of complexity related to fitness to dive evaluations. It is beyond the scope of this document to prescribe or mandate specific tests or timelines related to fitness to dive determinations. What is of importance is awareness of the potential body systems effected by COVID-19, and to take a thoughtful and thorough history related to disease course, time since the infection resolved, and state of physical and mental health at the time of the examination.

Clinical factors that are important to consider include symptom severity during the infection and need for intensive care (e.g., ventilator support). Disease severity likely correlates with the extent of pulmonary injury and potential cardiac involvement, and in the case of intubation, may be associated with severe deconditioning, muscle atrophy and even post-traumatic stress. As such, assessment of the diver with a history of COVID-19, may require more than just a pulmonary evaluation. At the time of this publication, the medical community does not have sufficient data to support arbitrary requirements for specific testing, nor duration of post-infection convalescence after which individuals can be considered safe to return to diving.

The following documents provide current guidance on investigation of COVID-19 patients prior to diving. This is an area that is evolving and updated often; please see these resources for more current information and considerations regarding these issues.

[UC San Diego Guidelines for Evaluation of Divers during COVID-19 pandemic](#)

[Centers for Disease Control and Prevention, People Who Are at Higher Risk for Severe Illness](#)

[European Committee for Hyperbaric Medicine and European Underwater and Baromedical Society, COVID-19 Pandemic – Position Statements](#)

For those looking for aseptic practices, the following resources may be useful:

[Divers Alert Network Europe](#)

[Divers Alert Network Americas](#)

Severe Risk Conditions

- History of spontaneous pneumothorax (see notes)
- Impaired exercise performance due to respiratory disease
- Respiratory impairment secondary to cold gas breathing
- Pulmonary hypertension

Relative Risk Conditions

- Asthma, reactive airway disease (RAD), exercise-induced bronchospasm (EIB) or COPD (see notes)
- Solid, cystic or cavitating lesion
- Pneumothorax secondary to:
 - Thoracic surgery
 - Trauma or pleural penetration (see notes)
 - Previous overinflation injury
- Obesity
- History of immersion pulmonary edema or restrictive disease
- Interstitial lung disease: may increase the risk of pneumothorax and likely to limit exertion
- Sleep apnea

References

Godden D, Currie G, Denison D, Farrell P, Ross J, Stephenson R, Watt S, Wilmshurst P. British Thoracic Society guidelines on respiratory aspects of fitness for diving. *Thorax*. 2003;58:3-13.

DIVERS ALERT NETWORK (DAN)

Divers Alert Network (DAN), a non-profit organization, provides medical information and advice for the benefit of the diving public. DAN is not a regulatory agency and does not set physical standards or guidelines for scuba diving. The responsibility for the decision of whether or not to dive is generally left up to the individual, the physician, as well as the dive provider. This decision, however, should be based on the most current diving medical information available.

DAN may be able to provide current medical literature and information that can be used to assist in this decision-making process. If desired, DAN may also provide referrals to local physicians who are knowledgeable in dive medicine and physiology. However, DAN cannot and does not decide whether an individual may or may not participate in the sport of scuba diving. For more information, please feel free to contact one of the DAN offices listed below.

DAN America (US)

Physicians and other medical professionals associated with DAN America are available for consultation by phone, during normal business hours Monday through Friday, 8:00 AM to 8:00 PM Eastern Time US.
+1-919-684-2948 ext. 6222
www.DAN.org

DAN Europe (Italy)

+39-085-8930333
www.DANEurope.org

DAN Asia-Pacific (Australia)

+61-3-9886-9166
www.DANAP.org

DAN Southern Africa (South Africa)

+27-11-266-4900
www.DANSA.org

DAN Japan (Yokohama)

+045-228-3066 Medical Information Line service is provided in Japanese only.
www.danjapan.gr.jp

These guidelines were created by the Diving Medical Screen Committee (DMSC). The DMSC periodically reviews them to ensure they continue to represent current best practice in hyperbaric medicine.



Exposure Control

Phone: 888-778-9073
www.tdisdi.com

Fax: 877-436-7096
Email: worldhq@tdisdi.com

Original Date:	Date Revised:
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All questions contained in this questionnaire are strictly confidential and will become part of your medical record. This is a protected document complying with all applicable Privacy of Information Act standards, HIPAA regulations and OSHA 1910.1030.

This document must be maintained for the life of the employee plus thirty years. Access to this document is strictly prohibited. Access is only allowed to an authorized department employee and the individual named.

INDIVIDUAL INFORMATION	
Name: (first, last, middle) <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Division: <input type="checkbox"/> Sheriff <input type="checkbox"/> Police <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Management <input type="checkbox"/> EMS <input type="checkbox"/> Volunteer	
Date of Exposure:	Date of last physical exam:

INCIDENT STATISTICS							
How did exposure occur: <input type="checkbox"/> Skin Contact/Absorption <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Abrasion <input type="checkbox"/> Injection <input type="checkbox"/> Cut							
Immunizations and Dates	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Tetanus:</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Pneumonia:</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Hepatitis:</td> <td style="padding: 5px;"><input type="checkbox"/> Chickenpox:</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Influenza:</td> <td style="padding: 5px;"><input type="checkbox"/> MMR (Measles, Mumps, Rubella):</td> </tr> </table>	<input type="checkbox"/> Tetanus:	<input type="checkbox"/> Pneumonia:	<input type="checkbox"/> Hepatitis:	<input type="checkbox"/> Chickenpox:	<input type="checkbox"/> Influenza:	<input type="checkbox"/> MMR (Measles, Mumps, Rubella):
<input type="checkbox"/> Tetanus:	<input type="checkbox"/> Pneumonia:						
<input type="checkbox"/> Hepatitis:	<input type="checkbox"/> Chickenpox:						
<input type="checkbox"/> Influenza:	<input type="checkbox"/> MMR (Measles, Mumps, Rubella):						

Describe the incident and how it occurred:

What mitigation protocols were in place to avoid this type of exposure?		
<input type="checkbox"/> Semi-positive pressure full face mask	<input type="checkbox"/> Surface supplied air system	<input type="checkbox"/> Hand washing
<input type="checkbox"/> Positive pressure full face mask	<input type="checkbox"/> Positive pressure air delivery system	<input type="checkbox"/> Other
<input type="checkbox"/> Diver's net	<input type="checkbox"/> Freshwater washdown/postdive	<input type="checkbox"/> Other
<input type="checkbox"/> Dry suit w/ hood	<input type="checkbox"/> Antibacterial washdown/postdive	<input type="checkbox"/> Other
<input type="checkbox"/> Dry gloves	<input type="checkbox"/> Diver shower	<input type="checkbox"/> Other

What mitigation protocols were used to avoid this type of exposure?		
<input type="checkbox"/> Semi-positive pressure full face mask	<input type="checkbox"/> Surface supplied air system	<input type="checkbox"/> Hand washing
<input type="checkbox"/> Positive pressure full face mask	<input type="checkbox"/> Positive pressure air delivery system	<input type="checkbox"/> Other
<input type="checkbox"/> Diver's net	<input type="checkbox"/> Freshwater washdown/postdive	<input type="checkbox"/> Other
<input type="checkbox"/> Dry suit w/ hood	<input type="checkbox"/> Antibacterial washdown/postdive	<input type="checkbox"/> Other
<input type="checkbox"/> Dry gloves	<input type="checkbox"/> Diver shower	<input type="checkbox"/> Other

Have you ever had a blood transfusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

How long before the effects of exposure were noticed?		
<input type="checkbox"/> During Dive	<input type="checkbox"/> 3 – 7 days after dive	<input type="checkbox"/> 3 – 6 months after dive
<input type="checkbox"/> Immediately After Dive	<input type="checkbox"/> 7 – 14 days after dive	<input type="checkbox"/> 6 – 12 months after dive
<input type="checkbox"/> Within 24 hours after dive	<input type="checkbox"/> 14 – 30 days after dive	<input type="checkbox"/> 1 – 3 years after dive
<input type="checkbox"/> 24 – 72 hours after dive	<input type="checkbox"/> 1 – 3 months after dive	<input type="checkbox"/> 3 – 5 years after dive
How did the effects present itself? (Check if you have or have had any symptoms in the following areas to a significant degree and briefly explain.)		
<input type="checkbox"/> Itch	<input type="checkbox"/> Acne/PUS	<input type="checkbox"/> Drastic changes in weight:
<input type="checkbox"/> Rash	<input type="checkbox"/> Tingling in the extremities	<input type="checkbox"/> Vision Problems
<input type="checkbox"/> Lesion	<input type="checkbox"/> Muscle Aches/Pain	<input type="checkbox"/> Headaches
<input type="checkbox"/> Burn	<input type="checkbox"/> Tremors/Body Shakes/Seizures	<input type="checkbox"/> Memory Loss/Mood Changes
<input type="checkbox"/> Blister	<input type="checkbox"/> GI/Diarrhea/Vomiting	<input type="checkbox"/> Other:
<input type="checkbox"/> Discolored Skin Tissue	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Other:

IF YOU WERE SEEN BY A PHYSICIAN		
Drs. Name: (first, last, middle)	Contact #:	Date of exam:
Address:		
Was prescription issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a diagnosis determined: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Individual's Name: (Last, First, M.I.):	Date:	Recorder Name: (Last, First, M.I.):	Date:
Signature:	Signature:		

ERDI Training Record



Student Info: Personal and Confidential Please Print Clearly



Name: _____ Birth Date: ____/____/____
Last / Family / Surname First / Given Initial Day / Month / Year

Address: _____ M F
 City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____
 Home Phone: _____ Daytime Phone: _____
 Email: _____
 Occupation: _____ Referred by: _____

Emergency Contact:



Name: _____	Name: _____
Address: _____	Address: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____

Diving History (Please provide a brief explanation of your diving history, attach additional sheets as necessary.):



Total Logged Dives: _____ Total PSD Dives: _____ Date of Last PSD Dive: ____/____/____ N/A*
Day Month Year

Department: _____ Supervisor: _____ Phone Number: _____
*Check this box if you are not currently a PSD Diver.

Types of PSD Dives Logged:

Black Water Search and Recovery Contaminated Water Evidence Recovery
 Other: _____ Other: _____ N/A*
*Check this box if you are not currently a PSD Diver.

Additional History:

Open Water Diver:	Agency: _____ Certification Date: ____/____/____/ Certification Number: _____ Instructor Name: _____																		
Advanced Open Water Diver:	Agency: _____ Certification Date: ____/____/____/ Certification Number: _____ Instructor Name: _____																		
Rescue Diver:	Agency: _____ Certification Date: ____/____/____/ Certification Number: _____ Instructor Name: _____																		
CPR/First Aid:	Agency: _____ Certification Date: ____/____/____/ Certification Number: _____ Instructor Name: _____																		
CPR/First Aid Updates:	<table border="0"> <tr> <td>Date: ____/____/____</td> <td>Number: _____</td> <td>Date: ____/____/____</td> <td>Number: _____</td> <td>Date: ____/____/____</td> <td>Number: _____</td> </tr> <tr> <td>Date: ____/____/____</td> <td>Number: _____</td> <td>Date: ____/____/____</td> <td>Number: _____</td> <td>Date: ____/____/____</td> <td>Number: _____</td> </tr> <tr> <td>Date: ____/____/____</td> <td>Number: _____</td> <td>Date: ____/____/____</td> <td>Number: _____</td> <td>Date: ____/____/____</td> <td>Number: _____</td> </tr> </table>	Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____
Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____														
Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____														
Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____	Date: ____/____/____	Number: _____														
Other:	Agency: _____ Certification Date: ____/____/____/ Certification Number: _____ Instructor Name: _____																		
Other:	Agency: _____ Certification Date: ____/____/____/ Certification Number: _____ Instructor Name: _____																		

ERDI TRAINING RECORD—COURSES

Student Name: _____

TENDER

As indicated by my signature below, I am mentally and physically prepared to enroll in this course, in addition, I have provided my Instructor accurate dive and medical histories.
 Student Signature: _____ Date: ____/____/____
Day Month Year

Awareness Level:	Technician Level:	
Date Completed: ____/____/____ # of Hours: ____ <input type="checkbox"/> Online <input type="checkbox"/> Instructor Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____	

ERDI

As indicated by my signature below, I am mentally and physically prepared to enroll in this course, in addition, I have provided my Instructor accurate dive and medical histories.
 Student Signature: _____ Date: ____/____/____
Day Month Year

Awareness Level:	Operations Level:	Technician Level:
Date Completed: ____/____/____ # of Hours: ____ <input type="checkbox"/> Online <input type="checkbox"/> Instructor Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____

ERD II

As indicated by my signature below, I am mentally and physically prepared to enroll in this course, in addition, I have provided my Instructor accurate dive and medical histories.
 Student Signature: _____ Date: ____/____/____
Day Month Year

Awareness Level:	Operations Level:	Technician Level:
Date Completed: ____/____/____ # of Hours: ____ <input type="checkbox"/> Online <input type="checkbox"/> Instructor Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____

DRY SUIT OPS

As indicated by my signature below, I am mentally and physically prepared to enroll in this course, in addition, I have provided my Instructor accurate dive and medical histories.
 Student Signature: _____ Date: ____/____/____
Day Month Year

Awareness Level:	Operations Level:	Technician Level:
Date Completed: ____/____/____ # of Hours: ____ <input type="checkbox"/> Online <input type="checkbox"/> Instructor Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____

FULL FACE MASK

As indicated by my signature below, I am mentally and physically prepared to enroll in this course, in addition, I have provided my Instructor accurate dive and medical histories.
 Student Signature: _____ Date: ____/____/____
Day Month Year

Awareness Level:	Operations Level:	Technician Level:
Date Completed: ____/____/____ # of Hours: ____ <input type="checkbox"/> Online <input type="checkbox"/> Instructor Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____

CWDO

As indicated by my signature below, I am mentally and physically prepared to enroll in this course, in addition, I have provided my Instructor accurate dive and medical histories.
 Student Signature: _____ Date: ____/____/____
Day Month Year

Awareness Level:	Operations Level:	Technician Level:
Date Completed: ____/____/____ # of Hours: ____ <input type="checkbox"/> Online <input type="checkbox"/> Instructor Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____

Other:

As indicated by my signature below, I am mentally and physically prepared to enroll in this course, in addition, I have provided my Instructor accurate dive and medical histories.
 Student Signature: _____ Date: ____/____/____
Day Month Year

Awareness Level:	Operations Level:	Technician Level:
Date Completed: ____/____/____ # of Hours: ____ <input type="checkbox"/> Online <input type="checkbox"/> Instructor Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____	Date Completed: ____/____/____ # of Hours: ____ Instructor Name _____ Instructor # _____ Instructor Signature _____

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

For _____ (specify course) training program under sanction through ERDI.
(Only ONE course can be listed on this form)

**Please read carefully. If any questions arise, ask your instructor before signing.
Fill in and initial each paragraph before signing at the bottom.**

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities

_____ Further, I understand that diving with compressed air, oxygen enriched air (nitrox) involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open water diving trips, which are necessary for training and certification, may be conducted at a site that is remote, either by time of distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

_____ I understand and agree that neither my instructor(s) _____, the facility through which I received my instruction, _____, International Training and Emergency Response Diving International, nor the officers, directors, shareholders, affiliated companies, employees, agents, or assigns of the above listed entities and/or individuals, nor the authors of any materials including texts and tables expressly used for training and certification (hereinafter referred to as "Released Parties") may be held liable or responsible in anyway for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party, including the Released Parties, whether passive or active.

_____ In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen.

_____ I further agree to save, defend, indemnify, and hold harmless said course and Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or fraudulent.

_____ I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving course, and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said course and Released Parties for any such injuries incurred by me.

_____ I understand that these activities may place me deeper than I am able to safely execute a free (without breathing gas) ascent from.

_____ I understand that I may be required to furnish my own equipment and that I am responsible for its operating condition and maintenance.

_____ I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

_____ I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, _____ (AND OTHERS, _____), THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION _____, THE TRAINING AGENCY _____ AND INTERNATIONAL TRAINING, AND EMERGENCY RESPONSE DIVING INTERNATIONAL, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Student/Participant

Date Day / Month / Year

Signature of Parent or Guardian
(where applicable)

Witness

Date Day / Month / Year

This document is required for all courses taught under sanction by Emergency Response Diving International.

No alterations, changes, omissions or revisions may be made.

1321 SE Decker Ave., Stuart, FL 34994 • 888.778.9073 phone • 877.436.7096 fax
worldhq@tdisdi.com tdisdi.com

Name _____
 Last / Family / Surname _____
 First / Given _____
 Initial _____

Daytime Phone _____
 Cell Phone _____

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1. I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go To Box A	No <input type="checkbox"/>
2. I am over 45 years of age.	Yes <input type="checkbox"/> Go To Box B	No <input type="checkbox"/>
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go To Box C	No <input type="checkbox"/>
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go To Box D	No <input type="checkbox"/>
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go To Box E	No <input type="checkbox"/>
8. I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go To Box F	No <input type="checkbox"/>
9. I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go To Box G	No <input type="checkbox"/>
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

_____	_____
Participant Signature (or, if a minor, participant's parent/guardian signature required)	Date (dd/mm/yyyy)
_____	_____
Participant Name (Print)	Birthdate (dd/mm/yyyy)
_____	_____
Instructor Name (Print)	Facility Name (Print)

* If you answered YES to questions 3, 5 or 10 above OR to any of the questions in boxes A - G below, please read and agree to the statement above by signing and dating it AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box E – I have/have had:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box G – I have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>





International Training

MEMBER AGREEMENT

Directions: Use this application to complete your International Training membership.

This form is to be filled out by any first-time member of International Training. International Training is the parent company of: Scuba Diving International (SDI), Technical Diving International (TDI), Emergency Response Diving International (ERDI), Performance Freediving International (PFI) and First Response Training International.

Member Information: *(Please print clearly)*

Name: _____ Date of Birth _____
DD / MM / YY

Physical Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Physical Address: _____

Phone: _____ Work: _____

Mobile: _____ E-Mail: _____

Facility Affiliation: *(If applicable)*

Facility Name: _____ Facility #: _____
(if applicable)

Owner(s): _____

QUESTIONS:

1. Have you ever been convicted of, any act: (i) involving (A) a felony or (B) repeated use of drugs or intoxicants; or (ii) acts which may disparages the business integrity of International Training, its parent Corporation or subsidiaries or affiliates or their officer directors, employees or customers, and materially and adversely affects the business reputation of International Training?

Yes No

2. Have you ever been or are you currently a professional member of another scuba or freediving agency, federation or club?

Yes No

If Yes, name of scuba or freediving agency, federation or club _____ member number _____

3. Do you agree to have your personal information transmitted electronically?

Yes No

Please remember to completely fill out and sign the additional pages of this application.

*International Training's online privacy policy statement can be found at www.tdisdi.com, GDPR compliant

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International Training, 1321 SE Decker Ave., Stuart, FL 34994 USA · Toll Free (888) 778-9073 Fax (877) 436-7096
 Email worldhq@tdisdi.com · tdisdi.com



International Training

MEMBER AGREEMENT

Membership Requirements: (Please read all requirements and sign below.)

- Maintain a current mailing address with International Training Headquarters.
- Pay applicable dues and any debts owed to International Training.
- Submit an International Training renewal application prior to teaching or supervising diving activities.
- Maintain good health and fitness. Should health changes occur, members must refrain from teaching and supervising diving until they meet UHMS medical questionnaire requirements for diving.
- Make at least 30 open water scuba dives and complete at least one of the following:
 - Participate in an International Training course as a candidate, auditor, staff member, or lecturer.
 - Teach or take a course in diving, lifesaving, swimming, first aid, boating, speaking, teaching or a science related to the aquatic environment.
 - Be professionally employed in aquatics, diving, teaching, or boating.
 - Complete a post-graduate thesis in a teaching or diving subject.
 - Author a formal paper related to diving which is published by International Training, an academic journal or national periodical.
- Complete at least one of the following teaching options:
 - Teach an International Training course and register the students as International Training divers or professionals.
 - Serve on staff and lecture at a complete International Training, training program (must be listed on registration form).
 - Serve as an assistant for two complete International Training diving courses (must be listed on registration form).
- Reminder:

Instructors, Course Directors, and Instructor Trainers must teach a course at their highest level every two (2) years from the date they last taught that course. If a course is not taught within that two-year period, teaching status for that level will be inactive and the Instructor, Course Director or Instructor Trainer must attend an update to regain active status for that level. Full details of the International Training Two Year Renewal/Refresher Policy are contained in General Membership Standards.

Membership Agreement: (Please read the membership agreement and sign below.)

International Training Membership Agreement: (Please read the membership agreement and sign below.) This agreement is made and entered into by and between International Training and its appointed regional representatives, hereinafter referred to as "International Training" and the membership applicant named above, hereinafter referred to as "I." I hereby declare I have read and I understand and accept the terms of the International Training Membership Agreement, Renewal Requirements and Conditions listed in this membership renewal application, which includes financial responsibility and professional and ethical policies. The information I have provided is accurate to the best of my knowledge and belief.

- I understand that I am not an agent, employee, or legal representative of International Training.
- I understand that my membership with International Training is not to be construed as a partnership, joint venture nor does it establish an agency relationship between me and the Association or its subsidiaries.
- I agree to save and hold harmless International Training, its officers and directors and assigns for any loss, claim or damage resulting from action, error or omission of me, or my agent, students or assigns.
- I agree that if I become aware of any event, act, error or omission that might reasonably be expected to be the basis of a claim or suit against me, or any International Training Instructor/Leader, agent or affiliate, or International Training itself, written notice shall be given to International Training as soon as practical and I will cooperate to the best of my ability with International Training or their legal representative.
- I agree I will use International Trainings registered trademarks, in all forms, in an ethical and professional manner.

Suspension or Termination For Cause - International Training may suspend or terminate membership for Member's commission of any act: (i) involving (A) a felony or (B) repeated use of drugs or intoxicants; or (ii) which disparages the business integrity of International Training, its parent Corporation or subsidiaries or affiliates or their officer directors, employees or customers, and materially and adversely affects the business reputation of International Training.

Medical Requirements (Please read all the medical requirements and sign below.)

The International Training Code of Ethics and Conduct, found in Part 1 of standards, states:

"The Professional always maintains their personal, physical, and mental fitness as they relate to diving."

As this is part of the membership requirements each professional agrees to abide by each year when they submit the signed renewal application (including online renewals) International Training requires its professional members to refrain from diving or teaching diving without a medical clearance if a member experiences a change in their personal, physical, or mental fitness as they relate to diving. Submitted medicals will be documented.

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International Training

MEMBER AGREEMENT

Conditions: (Please read all the conditions and sign below.)

This Member Agreement does not constitute an offer for membership. Membership is accepted only upon approval of the application by International Training's Training Department. International Training certification cards issued by International Training Headquarters are the property of International Training and must be surrendered upon request by the Training Department or their representatives. An International Training member who does not submit their annual dues, or otherwise loses active International Training membership, must meet additional renewal requirements as outlined in agency standards before renewal will be considered. International Training may withdraw the permission to use the International Training trademarks at any time. All International Training members are subject to quality assurance reviews for compliance with course standards and safety procedures. Membership may be suspended or revoked at any time by the Training Department if warranted. International Training may withdraw the permission to use the International Training trademarks at any time. International Training reserves the right to refuse any membership renewal.

I verify that I have read and understand the International Training Membership Agreement, which includes professional growth and copyright/trademark policies. I hereby agree to be bound by the International Training Code of Ethics and the Course Standards and Policies. The information I have provided is accurate to the best of my knowledge and belief.

X Signature _____	Date _____
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