# part 5

**ERDI Forms** 

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#### Part 5: ERDI Forms

Revision His	story	
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 equivilent form 1.17 ITI Medical Questionnaire replaced with UHMS Medical Questionnaire

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

#### **ERDI Standards and Procedures**

Part 5: ERDI Forms



### 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 instore 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.

Part 5: ERDI Forms

### 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.

Part 5: ERDI Forms

### 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 and easy way to record the dive scene.

### 1.13 Public Safety Diver Crime Scene Measurements Form

Provides and 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 contaminate, during a dive.

#### 1.17 ERDI Diver Record Folder

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



# **ERDI Diver Registration Form**

1321 SE Decker Ave Stuart, FI 34994

Phone: 888-778-9073 Fax: 877- 436-7096Email worldhq@tdisdi.com www.tdisdi.com

Method of Payment			
AMEX, MasterCard, Visa, Check or Money Order Make Checks Payable to International Training  Exp. Date:  Signature:			
Course:	Check	only ONE course per dive	er registration form
☐ ERD I ☐ ERD II ☐ Ops Component (Specify):  Level of participation Awareness ☐ Operations ☐ Technician ☐			pecify):
CERTIFICATION FEE:   C-Ca	ard Only	*	Sertificate*
*Refer to current price list. All div	•	<del></del>	
Print name as it is to appear on C-Card		mplete mailing address City, State and Postal Code)	Phone number E-mail address
DOB (mm/dd/yyyy):			
Course Completion Date (mm/dd/yy):		2 <sup>nd</sup> Inst./Asst. by:	#:
Freshwater Max training depth: Saltwater (Metre / feet):		Location/Facility:	
Instructor Name:		Facility Number:	
Instructor's ERDI #:		Ship To Address:	
Instructor Phone #:			
Instructor Address:			
I certify that the above named students have completed the ER course indicated and have reachd the proficiency level require		City:	
Standards before issuing these certifications. In addition, I agr cards not issued within six months.		State:	
		Zip (or postal code):	
Instructor Signature (Required on each Form)  Date S.	igned	Country:	
Consuminable 2004 by Emparagness Boomenes Div	! I44!	amal (EDDI)	Pavioian 0040 00/49/2040



# ERDI Instructor Registration Form

1321 SE Decker Ave Stuart, FI 34994 Phone: 888-778-9073 Fax: 877- 436-7096 Email <u>worldhq@tdisdi.com</u> tdisdi.com

Method of Payment				
AMEX, MasterCard, Visa, Check or Money Order Make Checks Payable to International Training.				
Exp. Date:  Signature:			te:	
Other Instructor Ratings:	DRI#	PADI#	PSDA#	
IANTD#	YMCA#	NAUI #	SSI#	
LGS#	Other (Specify): #			
<u> </u>	Certificates & cards are sent directly to the instructor or facility.  Certification Fee: * Instructor Upgrade Fee: *  * Refer to current price list Specify Upgrade Rating:			
Print Name As It Is To Appea Certification Card	DOB (mm/dd/yyyy):			
Complete Mailing Address (including City, State and Po Code)	estal			
Phone Number				
E-mail Address				
Course Completion Date (mm/dd/yy):		2 <sup>nd</sup> Inst./Asst. by:	#:	
☐ Freshwater Max traini ☐ Saltwater (Meter / fe		Location/Facility:		
Instructor Name:		Facility Number:		
Instructor's ERDI #:		Ship To Address:		
Instructor Phone #:				
Instructor Address:				
I certify that the above named students have co indicated and have reached the proficiency leve	ompleted the ERDI training course	City:		
issuing these certifications. In addition, I agree months.		State:		
Instructor Signature (Required on each Form)	Date Signed	Zip (or postal code):		
		Country:		
Copyright © 2004 by Emergency Response Diving International (ERDI)  Revision 0919 09/18/2019				



## International Training ERDI OPS COMPONENT UPGRADE FORM

#### **Method of Payment**

		Exp. Date:
		Date:
☐ Confined Spaces Ops ☐ Contaminated Water Ops ☐ Dry Suit Ops ☐ Full Face Mask Ops ☐ Ice Diver Ops	☐ Ice /Surface Rescue Ops ☐ Small Boat Ops ☐ Swift Water 1 ☐ Tender Ops ☐ Underwater Crime Scene Ops	□ Night Ops □ Other: (Specify)
Instructor Name:		Member #:
Mailing Address:		
Phone number:	E-mail address:_	
B. Documentation of 10 dives in the Course Location:		Source Completion Date.
Course Location:	Facility #:	Taures Campletian Data
		Lourse Completion Date:
	·	Date:
Instructor Trainer Signature:	ERDI #:	Date:
Instructor Trainer Signature: Instructor Signature: Specialty Procedure #2 Administr section below. An instructor who wishes to cross over OR An instructor whose experience in a pa	ERDI #:ERDI #: ERDI #:  ative Specialty Instructor Upgra a specialty instructor rating from and	Date:
Instructor Trainer Signature:  Instructor Signature:  Specialty Procedure #2 Administr section below.  An instructor who wishes to cross over OR  An instructor whose experience in a pa Course.  Instructor Requirements:	ERDI #:ERDI #:	Date:
Instructor Trainer Signature: Instructor Signature: Specialty Procedure #2 Administr section below. An instructor who wishes to cross over OR An instructor whose experience in a pa Course. Instructor Requirements:	ERDI #:ERDI #:ERDI #:ERDI #:ERDI #:ERDI #:ERDI #:ERDI #:ERDI #:	Date:Dat
Instructor Trainer Signature: Instructor Signature: Specialty Procedure #2 Administr section below. An instructor who wishes to cross over OR An instructor whose experience in a pa Course. Instructor Requirements: A. I agree to adhere to the ERDI Op B. Documentation of 25 dives in each	ERDI #:ERDI #:	Date:



### ERD Supervisor Registration Form

Phone: 888-778-9073 Fax: 877- 436-7096
Email worldhq@tdisdi.com www.tdisdi.com

Method of Payment							
AMEX _, MasterCard _, Visa _, Check _ or M	oney Or	rder 🗌	Make Che	cks Payable to	Internati	onal Trai	ning
				Exp. Date:			
Signature:		_					
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  DOB (mm/dd/yyyy):							
Complete mailing address (including City, State and Postal Code)							
Phone number							
E-mail address							
Course Completion Date (mm/dd/yy):		2 <sup>nd</sup> Inst./A	sst. by:			#:	
Freshwater Max training depth: Saltwater (Metre / feet):		Location/F	acility:				
Instructor Name:		Facility Nu	ımber:				
ERD Instructor #:		Ship To A	ddress:	(Add \$5.00	for shipping	g outside L	JSA.)
Instructor Phone #:							
Instructor Address:							
I certify that the above named students have completed the ERDI training course indica	ated and	City:					
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.	-	State:					
Instructor Signature (Required on each Form)  Date Signed	[	Zip (or pos	stal code):				
misuacion Signature (Required on each Form) Date Signed		Country:					
Convright © 2004 by Emergency Response Diving International (	EBDI)				Rovision	n 1919 19	12/2019



# Diving Accident / Incident Report

1321 SE Decker Ave Stuart, FI 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 <u>CONFIDENTIAL</u> and <u>PRIVILEGED</u>. 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	e clearly. It is ex	tremely 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. Other (describe):			
Describe the diving experience of the	victim; was he a stud	dent? Novice diver? Experienced diver?	
Describe the injuries suffered by the	victim:		
Please provide all details regarding w	reather conditions (wa	ater, visibility, wind, waves etc.):	
Please provide details of any equipme	ent 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 s	Please describe your current diving status (i.e. active instructor, divernaster etc.):		
Describe your personal participation i	n the incident (i.e. we	ere you instructing the victim, a witness, called on to assist, etc.):	
Please list the names, addresses and	I phone numbers of a	all other participants, witnesses. Use additional sheets if needed:	

Revision 7.1 11/18/11

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### **International Training**

### GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

<b>Directions:</b> Please red	ad carefully, fill in all blan	•	J .	•		
For		ourse or Specialty) tr				
through Emergency	Response Diving Inte	rnational (ERDI), a di	vision of Internation	onal Trair	ning.	
I,	, hereby affirm that	I have been advised and thorough	ughly informed of the inher	ent hazards	of scuba div	ving
activities and the additional h	nazards associated with any form	of emergency response diving.				
sickness, embolism, ox treatment in a recompr sites that are remote, ei dives in spite of the post I understand and agree instruction, officers, directors, share of any materials includ liable or responsible in participation in this divalent injury, or damage that unforeseen. I acknowle other foreign substance. I further agree to save, purporting to act on m the course including be fraudulent. I also understand that I hold harmless said cou I understand that these from which I am unabl will expose me to certa potentially threatening may include added exp I understand that I may I understand that I may I understand that I may I understand that I am I understand and agree jurisdiction to be inval	eholders, affiliated companies, ening texts and tables expressly used any way for any injury, death, or ving class and training or a resulting allowed to enroll in this course may befall me while I am enrolled dee that emergency response dives, even when all currently knowr defend, indemnify, and hold harry behalf, my family, estate, heirs, oth claims arising during the court diving activities are physically stream attack, panic, hyperventilation will not hold the above listed inderse and Released Parties for any seactivities may place me in potentie to safely execute a free (without in hazardous environments inclused to substances. I understand that I are observed in the court of the	marine life injuries or other bar stand that the dive sites, which som such a recompression char a chamber in proximity to the direct of the following and a subject of the register of this course, in ring can result in personal injurnal limits and safety guidelines and limits and safety guidelines and limits and safety guidelines and result in receive my certification or assigns, arising directly or in the register of the regi	rotraumas/hyperbaric injurare necessary for training anber. I still choose to procedive site.	ies can occur and certificated with such the which I recepted with such ternational ( for individua Released Paranay occur as ties, whether said course, if therewith, wrighted the may be ground awsuit by modern and part and part and part and be ground I expressly as see to defend, ints and other emergency reproduced and from these dition and may care for the tin any divir	r that require tion, may be he instruction, may be he instruction (ERDI), nor als, nor the arrives") may he are sult of response to the foreign and the foreig	re e at nal e the nuthors be held my active. n, seen or cal, or n isk of and e that ent and e that ent and e thereof,
jurisdiction to be inval	id or unenforceable in any respec	t, such invalidity, illegality or u	menforceability shall not af	fect any othe	er provision	hereof,
=	ll be construed as if such invalid,		_			
,	AND OTHERS THE TRAINING AGENCY NATIONAL (ERDI), AND ALL (	), THE FACILITY T	ENT TO EXEMPT AND RI THROUGH WHICH I REC NTERNATIONAL TRAIN SAND RELEASED PARTIE	EIVED MY ING AND E	INSTRUCT	TION CY
FROM ALL LIABILITY OR I WHOEVER CAUSED, OR A THE RELEASED PARTIES, V	RESPONSIBILITY WHATSOEV RISING OUT OF, DIRECTLY OF WHETHER PASSIVE OR ACTIV SSUMPTION OF RISK BY REAL	ER FOR PERSONAL INJURY, R INDIRECTLY, INCLUDING /E. I HAVE FULLY INFORME	PROPERTY DAMAGE OF G, BUT NOT LIMITED TO ED MYSELF OF THE CON	R WRONGF THE NEGL TENTS OF T	TUL DEATH LIGENCE O THIS LIABI	I F
	quired for all courses a					_
•	ternational (ERDI). No a			•		
Signature of Student/P	articipant (where applicab	ole)		_Date:	_//	
Witness Signature				Date:	_/ <u>Month</u> /_	Year
				Day	, 141011111 /	icui



	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 N	Number (REQUIRED):			
Date last renewed with S	SDI/TDI/ERDI:			
SDI/TDI/ERDI Facility af	filiation:			
Highest SDI/TDI/ERDI P	rofessional rating:			
Date of last scuba diving	medical:		(attach copy)	
Date of last CPR and fire	st aid certification:		(attao	ch copy)
(List of any oth			embership(s) status. Include student cou	nt for past 2 years)
Certification: Current Status:	Ą	gency:	Certification #: Date Last Active:	1 1
Certification: Current Status:	Αǫ	gency:	Certification #: Date Last Active:	1 1
Level of Rating(s) Being Updated				
1:				
2:				
3:				
Instructor Trainer Details				
Name:			Member #:	
E-mail:			Phone:	
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### 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

	nd 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 a	cademic presentations completed:
Number of c	confined water dives completed:
Number of o	ppen 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:
Oldilatule.	Dale:

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.

Date: Signature:

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### **Medical Information**

Phone: 888-778-9073

Fax: 877-436-7096

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D-4:4/- 5:	7.0111.0111.0111.011	LEASE HEALTHCARE INFORMATION
Patient's Nar	me:	DOB:
Previous Nar	ne:	SS#:
I request and a	authorize	
to release hea	lthcare information of the patient named abov	ve to:
Name:		
Address		
City:		State: Zip Code:
This request a	nd authorization applies to:	
☐ Healthcare	information relating to the following treatmen	t, condition, or dates:
☐ Other:	re information  exually Transmitted Disease (STD) as defined by	
□ Other: <b>Definition:</b> Se virus, wart, gel (Human Immu	exually Transmitted Disease (STD) as defined b nital wart, condyloma, Chlamydia, non-specific unodeficiency Virus), AIDS (Acquired Immunod	y law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma : urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV leficiency Syndrome), and gonorrhea.
□ Other: <b>Definition:</b> Se virus, wart, gei (Human Immu	exually Transmitted Disease (STD) as defined b nital wart, condyloma, Chlamydia, non-specific anodeficiency Virus), AIDS (Acquired Immunod I authorize the release of my STD results, HIV	y law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma c urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV leficiency Syndrome), and gonorrhea. YAIDS testing, whether negative or positive, to the e person(s) listed above will be notified that I must
Other: <b>Definition:</b> Se virus, wart, gei	exually Transmitted Disease (STD) as defined by nital wart, condyloma, Chlamydia, non-specific unodeficiency Virus), AIDS (Acquired Immunod I authorize the release of my STD results, HIV person(s) listed above. I understand that the	y law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloms are urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV leficiency Syndrome), and gonorrhea.  //AIDS testing, whether negative or positive, to the person(s) listed above will be notified that I must osure of these test results to anyone.



### **Post Dive Health**

Phone: 888-778-9073 Fax: 877-436-7096

www.tdisdi.com Email: worldhq@tdisdi.com

Date Sent:				Date Return:					
All questions containe	ed in this que:	stionnaire	are strictly conf	idential and	will become	part of yo	ur dive log and medical record.		
Name: (Last, First, M.I.)						I M □ F	DOB:		
Department Assignment:	☐ She	riff	☐ Police	☐ Fire Dep	t. 🗖 Er	nergency l	Mgt.		
	☐ Eme	ergency M	1edical	☐ Other:					
Personal Physician:					Date of	last phys	ical exam:		
		PE	RSONAL HE	ALTH HIS	TORY				
Have you ever had:	☐ Mea	asles	☐ Mu	mps		<b>I</b> Rhubella			
	☐ Chi	ckenpox 🚨 Rheumatic Fever				Polio			
	nus								
Immunizations and dates:	atitis			Ch	ckenpox _				
	uenza			1R (Measle	s, Mumps, Rhubella				
List any medical issues you	u suffer that	have be	en diagnosed	by doctors.					
Year			Rea	son			Hospital		
If you have been hospitali	zed for any ı	eason, p	lease explain.						
Year			Rea	son			Hospital		
Have you ever had a blood	l transfusior	1?					☐ Yes ☐ No		
Do you have any allergies	to medicatio	ons:							
Na	me of Drug					Rea	action		

		PERSONAL HEA	ALTH HISTORY Cont.		
List any me	dications you currently take	, including: prescribe	ed drugs and over-the-count	er drugs, such	as vitamins and inhalers.
N	lame of Drug	Str	rength	Fr	equency Taken
<u> </u>					
	н	EALTH HABITS A	ND PERSONAL SAFETY		
			ARE OPTIONAL AND WILL BE KEPT	STRICTLY CONF	DENTIAL.
Exercise:	☐ Sedentary (No exercise)	☐ Mild exercise (i.e.,	climb stairs, walk 3 blocks, golf	.)	
	*		ation, less than 4x/week for 30 n		
	☐ Regular vigorous exercise	(i.e., work or recreation	n 4x/week for 30 minutes)		
Diet:	Are you dieting?		☐ Yes ☐ No	Caffeine:	☐ None
	If yes, are you on a physiciar	n prescribed diet?	☐ Yes ☐ No		☐ Coffee☐ Tea
	Number of meals you eat in	an average day?			□ Cola
	Rank Salt Intake	C	🗅 High 🗅 Medium 🗅 Low		# Cups/cans per day
	Rank Fat Intake	C	☐ High ☐ Medium ☐ Low		
Alcohol:	Do you drink alcohol?	☐ Yes ☐ No	Are you concerned about the	e amount you	drink? 🗖 Yes 🗖 No
	If yes, what kind?		How many drinks per week?		
	Have you considered stopp	oing? 🗖 Yes 🗖 No	Have you ever experienced b	lackouts?	☐ Yes ☐ No
	Are you prone to binge drin	king? ☐ 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 recrea	ational/street drugs?	☐ Yes ☐ No		
	Have you ever given yourse	elf street drugs with a r	needle?		
Sex:	Are you sexually active?	l Yes □ No	If yes, are you trying for a prec	gnancy 🗖 Yes	; □ No
	If not trying for a pregnanc	y list contraceptive/ba	rrier method used:		
	Any discomfort with interce	ourse? □ Yes □ No			
	Risk factors for this illness ir	nclude intravenous dru	/irus (HIV), such as AIDS, has bed ig use and unprotected sexual i : your risk of this illness?	intercourse.	oublic health problem.

Personal Safety:	Personal Do you live alone?  No Safety:									
Surety.	Do you have frequ	uent falls? 🗖 Yes 🗖 No								
	Do you have visio	on/hearing loss? ☐ Yes ☐ No								
	Do you have an A	dvance Directive/Living Will?	Yes 🗖 No							
	Would you like int	formation on the preparation of th	nese? 🗖 Yes 🗖 No	)						
	This often takes th	nental abuse have also become mane form of verbally threatening be discuss this issue with your provide	havior or actual ph							
Mental	ls stress a major p	roblem for you? 📮 Yes 🗖 No								
Health:	, ·	essed? 🗖 Yes 🗖 No								
	•	en stressed? ☐ Yes ☐ No								
	, ,	blems with eating or your appetite	e? □ Yes □ No							
	•	ently? ☐ Yes ☐ No								
	Have you ever att	empted suicide?								
	Have you ever ser	riously thought about hurting you	rself? 🗖 Yes 🗖 No							
	Do you have trou	ble sleeping? □ Yes □ No								
	Have you ever be	en to a counselor? 🗖 Yes 🗖 No								
		Wome	en Only							
Age at onse	t of menstruation:		•	ladder or kidney infections w/i	in last year? \(\Pi\) Yes \(\Pi\) No					
_	menstruation:		,	your urine?    Yes    No	irriast year. Tes Tho					
	/da			with control of urination?	□ Yes □ No					
·		g, pain, or discharge? 🗖 Yes 🗖 No	Any hot flashes or sweating at night? ☐ Yes ☐ No							
	oregnancies		Do you have menstrual tension, pain, bloating, irritability,							
	ive births		or other symptoms at or around time of period?							
	reastfeeding?   Yes		Experienced any recent breast tenderness, lumps or nipple discharge?							
Have you ha	ad a D&C, hysterectom	ny or Cesarean? 🗖 Yes 🗖 No	Date of last pap and rectal exam?							
D			Only	and the last of the state of th	*** :					
•	nes	uring the night? 🗖 Yes 🗖 No		any kidney, bladder, or pros ∶12 months? ☐ Yes ☐ No	tate infections					
		– urination? □ Yes □ No	Problems emp	otying your bladder complete	ely? 🗖 Yes 🗖 No					
•	n your urine? 🗖 Yes 🗆		Any difficulty v	with erection or ejaculation?	☐ Yes ☐ No					
	harge from your peni		Any testicle pa	ain or swelling? 🗖 Yes 🗖 No	0					
=		creased? ☐ Yes ☐ No	Date of last pr	ostate and rectal exam?						
	Check if you have, or	Other P have had, any symptoms in the fo	<b>Problems</b> ollowing areas to a	significant degree and brief	ly explain.					
☐ Skin	☐ Chest/Heart	☐ Head/Neck	☐ Back	☐ Weight	☐ Recent changes					
☐ Ears	☐ Intestinal	□ Nose	☐ Bladder	☐ Ability to sleep	in energy level					
☐ Throat	☐ Bowel	☐ Other pain/discomfort:	☐ Lungs	☐ Circulation						



### **Dive Log**

Phone: 888-778-9073 Fax: 877-436-7096

Email: worldhq@tdisdi.com www.tdisdi.com

Today's Date:	Location:									
Supervisor's Name:	Weather:	Air Temp:	Water Temp:	Current/Kts.						
	SURFACE PREPARATION:	Check all boxes that a	pply							
<b>Dive Mode:</b> □ SCUBA	Spec Equip: 🔲 FFM	Rigging	☐ Comms	☐ Dry Suit						
□ SSDE	☐ Bail Out	☐ Lift Bags	☐ Tether							
	PURPOSE	OF DIVE								
☐ Training ☐ Non-Specific Sea	arch 🔲 Evidence Search	☐ Equipment Testin	g 🚨 Other_							
	TIME ENTERED									
▶ Water: ▶ Starting Pres	ssure: Bail-Out Pre	essure:	Dive Time:	Depth:						
RISK ASSESSMENT										
☐ Dangerous Marine Life	☐ Safe Entries/Exits	☐ Visible	Pollution	☐ Water Quality						
☐ Water Movement	Overheads	☐ Site His	story	☐ Entanglements						
Water Tested for Contamination ☐ Yes ☐ No Results:										
Previous Water Quality Issues	Bacteriological  Urral	☐ Chemical ☐	Radiological 📮	Other						
WHO TESTED THE WATER:			CONTACT#:							
Did exposure occur to diver during dive?	☐ Puncture of Suit ☐	<b>□</b> Seal Leak	☐ Zipper Failure	☐ Pinholes in Suit						
How	1	☐ Skin Absorption	☐ Ingestion	☐ Splashing Face						
163 1100										
	NARR	ATIVE								
☐ Narrativ	/e:		☐ Sketch:							
The above information is to be maint	tained as part of the official dive 0 years, in accordance with OSH									

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



### **Crime Scene Sign-In/Out Log**

Phone: 888-778-9073 www.tdisdi.com Fax: 877-436-7096

Email: worldhq@tdisdi.com

Locatio	n of Dive:				Case No:				
Officer I	Maintaining l	Log:			Date:				
Time in	Time Out	Person's Name	Agency	Purpose for Ente	ering/Leaving Initials				
	I		l .			I			



### Field Sketch Evidence Collection

Phone: 888-778-9073 www.tdisdi.com Fax: 877-436-7096

Email: worldhq@tdisdi.com

0	)ate:											oc	A#:						
V	/ictin	ո։																	
P	Addre	ess:																	
I	ncide	nt:		Sketch Prep. By:															
																		_	_
															N	ot to	Scal	e	



### **Crime Scene Measurements**

Phone: 888-778-9073 Fax: 877-436-7096

www.tdisdi.com Email: worldhq@tdisdi.com

OCA	#:		Date:			
Loca	tion:					
Inve	stigated By:					
No:	Photo Tent#	Description of Item	RP	Compass fm. RP	RP	Compass fm. RP
1						
2						
3						
4						
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11						
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25						
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27						
28						
29						
20						

No:	Photo Tent#	Description of Item	RP	Compass fm. RP	RP	Compass fm. RP
76						
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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			
☐ Ground Tarp	☐ Diver Shower System	☐ Tender Encapsulation	
☐ Containment Pond	☐ Scrub Brushes	☐ Tender Eye Protection	
☐ Absorbent Media	☐ 3% - 5% Clorox Solution	☐ Respiratory Protection	
☐ Pressure Sprayers	☐ Antibacterial Wash	☐ Work Gloves	
☐ Equipment Shower System	☐ Oil Removal Detergent	☐ Work Boots	
☐ Fresh Water Supply	☐ EMS on Scene	☐ Fire Department on Scene	

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

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









### **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, blood, or have been diagnosed with COVID-19.	Yes O Go to Box A	No O
2. I am over 45 years of age.	Yes O Go to Box B	No O
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 O*	No O
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes O Go to Box C	No O
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes O*	No O
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes O Go to Box D	No O
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 disability.	Yes O Go to Box E	No O
8. I have had back problems, hernia, ulcers, or diabetes.	Yes O Go to Box F	No O
9. I have had stomach or intestine problems, including recent diarrhea.	Yes O Go to Box G	No O
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes O*	No O

Participant Signature	
<b>If you answered </b> <i>NO</i> <b> to all 10 questions above, a medical evaluation is not required.</b> statement below by signing and dating it.	Please read and agree to the participant
<b>Participant Statement:</b> I have answered all questions honestly, and understand that I a resulting from any questions I may have answered inaccurately or for my failure to discl	
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)

<sup>\*</sup> 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, stent placement, or a pneumothorax (collapsed lung).	Yes O*	No Q
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes O*	No Q
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 O*	No O
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes O*	No O
A diagnosis of COVID-19.	Yes O*	No O
Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes O*	No O
I have a high cholesterol level.	Yes O*	No Q
I have high blood pressure.	Yes O*	No O
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 O*	No O
Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes O*	No O
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes O*	No O
Recurrent sinusitis within the past 12 months.	Yes O*	No O
Eye surgery within the past 3 months.	Yes O*	No O
Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes O*	No O
Persistent neurologic injury or disease.	Yes O*	No O
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes O*	No O
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes O*	No Q
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes O*	No O
Box E – I have/have had:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes O*	No O
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes O*	No O
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.	Yes O*	No O
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <b>O*</b>	No O
Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes O*	No O
Back or spinal surgery within the last 12 months.	Yes O*	No O
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes O*	No O
An uncorrected hernia that limits my physical abilities.	Yes <b>Q*</b>	No O
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes O*	No O
Box G – I have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes O*	No O
Dehydration requiring medical intervention within the last 7 days.	Yes O*	No O
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes O*	No O
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes O*	No O
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <b>O*</b>	No O
Bariatric surgery within the last 12 months.	Yes O*	No O

 $<sup>{}^{*}</sup>$ Physician's medical evaluation required (see page 1).

### **Diver Medical** | Physician's Evaluation Form

Participant Name		Birthdate	
	(Print)		Date (dd/mm/yyyy)
freediving training or activity.	quests your opinion of his/her medic Please visit <u>uhms.org</u> for medical guid ient as part of your evaluation.		
<b>Evaluation Result</b>			
☐ Approved – I find no condition	s that I consider incompatible with recreati	ional scuba diving or freediving.	
☐ Not approved – I find condition	ns that I consider incompatible with recreat	tional scuba diving or freediving.	
	Physican's Signature	D	ate (dd/mm/yyyy)
Physician's Namo		Specialty	
r Hysician s Name	(Print)	Specialty	
Clinic/Hospital			
Address			
Phone	Email		
	Physician/Clinic Stan	mp (optional)	
	Created by the <u>Diver Medical Screen Committee</u>	e in association with the following bodies: The	e
	Undersea & Hyperbaric Medical Society		

2020 **3 of 3** 

Hyperbaric Medicine Division, University of California, San Diego

DAN (US)









### **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 CA
METABOLIC AND ENDOCRINOLOGICAL

CARDIOVASCULAR SYSTEMS

GASTROINTESTINAL

<u>HEMATOLOGICAL</u>

**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.

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 antidepressant 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 serotoninnorepinephrine 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

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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. <a href="https://www.diversalertnetwork.org/medical/articles/Gastrointestinal">https://www.diversalertnetwork.org/medical/articles/Gastrointestinal</a> 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.

Wendling 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

<u>European Committee for Hyperbaric Medicine and European Underwater and Baromedical Society, COVID-19 Pandemic</u> – 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 (US)

Physicians and other medical professionals associated with DAN are available for consultation by phone, during normal business hours Monday through Friday, 8:30 AM to 5:00 PM Eastern Time US.

+1-919-684-2948 ext. 6222

www.DAN.org

## DAN Europe (Italy)

+39-085-8930333

www.DANEurope.org

## **DAN World (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 <u>Diver Medical Screen Committee</u> (DMSC). The DMSC periodically reviews them to ensure they continue to represent current best practice in hyperbaric medicine.



# **Exposure Control**

Phone: 888-778-9073 Fax: 877-436-7096

www.tdisdi.com Email: worldhq@tdisdi.com

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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.

	Access is only allow	ved to an authorized depar	tment employee and	d the individu	al named.		
INDIVIDUAL INFORMATION							
Name: (first, last, mid	dle)			□ M □ F	DOB:		
Division: She	eriff 🗖 Police	☐ Fire Department	☐ Emergency M	anagement	□EMS	□ Volu	ınteer
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		INCIDENT S					
How did exposure of	I	ct/Absorption 🗖 Inha			asion 🗖 Inje	ection [	<b>⊒</b> Cut
Immunizations	☐ Tetanus:	☐ Pneumonia:					
and Dates	☐ Hepatitis:			hickenpox:			
	☐ Influenza:			MR (Measles,	Mumps,Rubell	a):	
Describe the incide	nt and how it occurr	ed:					
What mitigation pro	otocols were in plac	e to avoid this type of ex	posure?				
☐ Semi positive pres	surefullfacemask	☐ Surface supplied air	system	□ н.	and washing		
☐ Positive pressuref	ullfacemask	☐ Positive pressure ai	deliverysystem		ther		
☐ Divehelmet		☐ Freshwaterwashd	own/postdive		ther		
☐ Dry suit w/ hood		☐ Antibacterialwash	down/postdive		ther		
□ Drygloves		☐ Diver shower			ther		
What mitigation pro	otocols were used to	avoid this type of expo	sure?				
☐ Semi positive pres	surefullfacemask	☐ Surface supplied air	system	□ H.	and washing		
☐ Positive pressuref	ullfacemask	☐ Positivepressureai	deliverysystem		ther		
☐ Divehelmet		☐ Freshwaterwashd	- own/postdive	•	ther		
☐ Drysuitw/hood		☐ Antibacterialwash	down/postdive	•	ther		
□ Drygloves		☐ Diver shower		•	ther		
Have you ever had	a blood transfusion	?				Yes 🗖 N	0

How long before the effects of exposur	e werenoticed?		
☐ During Dive	<b>□</b> 3 – 7 days	s after dive	☐ 3 – 6 months after dive
☐ Immediately After Dive	☐ 7 – 14 days after dive		□ 6 – 12 months after dive
☐ Within 24 hours after dive	<b>□</b> 14 – 30 da	ays after dive	□ 1 – 3 years after dive
☐ 24 – 72 hours after dive	<b>□</b> 1 – 3 mor	nths after dive	☐ 3 – 5 years after dive
How did the effects present itself? (Chec	ck if you have or have h	nad any symptoms in the followin	ng areas to a significant degree and briefly explain.)
☐ ltch	☐ Acne/PU	S	☐ Drastic changes in weight:
□ Rash	☐ Tinglingi	intheextremities	☐ Vision Problems
☐ Lesion	■ Muscle A	ches/Pain	☐ Headaches
□ Burn	☐ Tremors/	Body Shakes/Seizures	☐ MemoryLoss/MoodChanges
☐ Blister	☐ GID/Diarr	hea/Vomiting	☐ Other:
☐ Discolored Skin Tissue	☐ Paralysis		☐ Other:
	IF YOU WERE S	SEEN BY A PHYSICIAN	
Drs. Name: (first, last, middle)		Contact #:	Date of exam:
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Address:  Was prescription issued: Yes No		Was a diagnos	sis determined:    Yes    No
		Was a diagnos	sis determined:    Yes    No
	Date:	Recorder Name: (	

# **ERDI Training Record**



**Student Info: Personal and Confidential Please Print Clearly** Last / Family / Surname First / Given Address: \_\_ City: \_\_\_\_\_State/Province: \_\_\_\_ Country: Zip/Postal Code: \_\_\_ \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_ Email: \_\_\_\_\_ \_\_\_\_\_ Referred by: \_\_\_\_\_ Occupation: \_\_\_\_\_ 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: \_\_\_\_/ Month / Year □N/A\* \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone Number: \*Check this box if you are not currently a PSD Diver. **Types of PSD Dives Logged:** ☐ Contaminated Water Black Water ☐ Search and Recovery ☐ Evidence Recovery Other: Other: ■ N/A\* \*Check this box if you are not currently a PSD Diver. **Additional History:** Agency: \_\_\_\_\_ Certification Date: \_\_\_/\_\_/ Certification Number: \_\_\_\_\_ **Open Water** Diver: Instructor Name: Advanced Open Water Agency: \_\_\_\_\_\_ Certification Date: \_\_\_\_/ \_\_\_/ Certification Number: \_\_\_\_\_/ **Diver:** Instructor Name: **Rescue Diver:** \_\_\_ Certification Date: \_\_\_\_/\_\_\_\_/ Certification Number: \_\_\_ Agency: \_\_\_ Instructor Name: \_\_\_ Agency: \_\_\_\_\_ Certification Date: \_\_\_/\_\_/ Certification Number: \_\_\_ **CPR/First Aid:** Instructor Name: \_\_\_ Date: \_\_\_\_/ \_\_\_/ Number: \_\_\_\_ CPR/First Aid Updates: Date: \_\_\_/\_\_/ Number: \_\_\_ Date: / / Number: Date: / / Number: Date: / / Number: Date: \_\_\_\_/ Number: \_\_\_\_ \_\_\_\_\_ Certification Date: \_\_\_\_/\_\_\_/ Certification Number: \_\_\_\_\_ Other: Instructor Name: Other: Agency: \_\_\_\_\_ Certification Date: \_\_\_/\_\_\_/ Certification Number: \_\_\_\_\_ Instructor Name: \_

	ERDI TRAINING RECORD—COURSE	S			
	Student Name:				
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	☐ Online ☐ Instructor	Instructor Name	Instructor #		
	Instructor Name Instructor #	Instructor Signature			
	As indicated by my signature below, I am mentally and phy	ysically prepared to enroll in th	is course, in addition, I have p	provided my Instructor accurate o	live and medical histories.
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	☐ Online ☐ Instructor	Instructor Name	Instructor #	Instructor Name	Instructor #
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	As indicated by my signature below, I am mentally and phy	ysically prepared to enroll in th	is course, in addition, I have p	provided my Instructor accurate o	live and medical histories.
	Student Signature:			· 	Date://
	Awareness Level:	Operation	ons Level:	Technician	.,
ERD	Date Completed:/ # of Hours:	Date Completed:/_		Date Completed:/	
П		Instructor Name			
	☐ Online ☐ Instructor	Instructor Name	Instructor #	Instructor Name	Instructor #
	Instructor Name Instructor #	Instructor Signature		Instructor Signature	
	As indicated by my signature below, I am mentally and phy	ysically prepared to enroll in th	is course, in addition, I have p	provided my Instructor accurate o	live and medical histories.
<b>DRY SUIT OPS</b>	Student Signature:			· 	Date://
0	Awareness Level:	Operatio	ons Level:	Technician	•
5	Date Completed: / / # of Hours:	Date Completed: /		Date Completed:/	
۲S					
Ä	☐ Online ☐ Instructor	Instructor Name	Instructor #	Instructor Name	Instructor #
	Instructor Name Instructor #	Instructor Signature		Instructor Signature	
¥	As indicated by my signature below, I am mentally and phy	ysically prepared to enroll in th	is course, in addition, I have p	provided my Instructor accurate o	live and medical histories.
¥	Student Signature:				Date://
<b>FACE MASK</b>	Awareness Level:	Operatio	ons Level:	Technician	
Į	Date Completed:/ # of Hours:	Date Completed:/_		Date Completed:/	
-		Instructor Name	Instructor #	Instructor Name	Instructor #
Щ	☐ Online ☐ Instructor	instructor Name	mstructor #	instructor Name	instructor #
3	Instructor Name Instructor #	Instructor Signature		Instructor Signature	
	As indicated by my signature below, I am mentally and phy	ysically prepared to enroll in th	is course, in addition, I have p	provided my Instructor accurate o	live and medical histories.
	Student Signature:				Date://
0	Awareness Level:	Operatio	ons Level:	Technician	•
<b>CWDO</b>	Date Completed:/ # of Hours:	Date Completed:/	_/ # of Hours:	Date Completed:/	/ # of Hours:
Ū		Instructor Name	Instructor #	Instructor Name	Instructor #
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	Instructor Name Instructor #	Instructor Signature		Instructor Signature	
	As indicated by my signature below, I am mentally and phy	ysically prepared to enroll in th	is course, in addition, I have p	provided my Instructor accurate o	live and medical histories.
	Student Signature:				Date://
	Awareness Level:	Operatio	ons Level:	Technician	
	Date Completed: / # of Hours:	Date Completed:/_	_/ # of Hours:	Date Completed:/	/ # of Hours:
		· 			
Other:	☐ Online ☐ Instructor	Instructor Name	Instructor #	Instructor Name	Instructor #
s I	Instructor Name Instructor #	Instructor Signature		Instructor Signature	

## GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

For		(spe	cify course) training	orogram under sanction through ERDI.
	(Only ONE course can be listed on this form)	-		
	Please read carefully. If any q Fill in and initial each			
l,	, hereby affirr of scuba divi			thoroughly informed of the inherent hazards
	Further, I understand that diving with compre decompression sickness, embolism, oxygen to injuries can occur that require treatment in a re which are necessary for training and certificat both, from such a recompression chamber. I sabsence of a recompression chamber in proximals	oxicity, in ecomprestion, may still choo	ert gas narcosis, mari ssion chamber. I furth be conducted at a si se to proceed with s	ne life injuries or other barotrauma/hyperbaric er understand that the open water diving trips,
	I understand and agree that neither my instruc	ctor(s)		
	the facility through which I received my instru _, International Training and Emergency Resp companies, employees, agents, or assigns of t including texts and tables expressly used for to held liable or responsible in anyway for any in	uction, _ oonse Div the abov raining a njury, dea	ring International, no e listed entities and/o nd certification (herei ith, or other damages	r the officers, directors, shareholders, affiliated
	In consideration of being allowed to enroll in t for any harm, injury, or damage that may before nected therewith, whether foreseen or unfore	all me wł	e, I hereby personally nile I am enrolled as a	assume all risks in connection with said course, student of this course, including all risks con-
	I further agree to save, defend, indemnify, and me, anyone purporting to act on my behalf, m ment and participation in this course including if such claims may be groundless, false or fraud	y family, g both cla	estate, heirs or assign	s, arising directly or indirectly out of my enroll-
	I also understand that diving activities are phy and that if I am injured as a result of heart atta that I expressly assume the risk of said injuries for the same, and I agree to defend, indemni incurred by me.	ick, pánic and that	, hyperventilation, ox I will not hold the abo	ygen toxicity, inért gas narcosis, drowning, etc. ove listed individuals or companies responsible
	I understand that these activities may place me d	leeper tha	an I am able to safely ex	xecute a free (without breathing gas) ascent from.
	I understand that I may be required to furnish maintenance.	my own	equipment and that I	am responsible for its operating condition and
	I further state that I am of lawful age and lega consent of my parent or guardian.	lly comp	etent to sign this liab	ility release, or that I have acquired the written
	free act. Further that I understand and agree tl	hat, in the ction to b vision he	e event that one or m le invalid or unenforce lreof, and this agreem	eable in any respect, such invalidity, illegality or
IT IS T	THE INTENTION OFUCTORS,		BY THIS IN (ANDOTI	NSTRUMENT TO EXEMPT AND RELEASE MY HERS,),
THE FAGENMENTER RESPONSITION WHET	ACILITY THROUGH WHICH I RECEIVED MY I	D INTER S AND R JRY, PRO ING, BUT MED MYS	FION	THE TRAINING, AND EMERGENCY RESPONSE DIVING S DEFINED ABOVE, FROM ALL LIABILITY OR WRONGFUL DEATH HOWEVER CAUSED, OR HE NEGLIGENCE OF THE RELEASED PARTIES, TS OF THIS LIABILITY RELEASE AND EXPRESS
Signa	ture of Student/Participant	Date	Day / Month / Year	Signature of Parent or Guardian (where applicable)
Witne	SS	Date	Day / Month / Year	

First / Given

#### **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, blood, or have been diagnosed with COVID-19.	Yes □ Go To Box A	No C
2.	I am over 45 years of age.	Yes □ Go To Box B	No E
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 □*	No C
4.	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes □ Go To Box C	No E
5.	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes □*	No E
6.	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes □ Go To Box D	No E
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 disability.	Yes □ Go To Box E	No C
8.	I have had back problems, hernia, ulcers, or diabetes.	Yes □ Go To Box F	No □
9.	I have had stomach or intestine problems, including recent diarrhea.	Yes □ Go To Box G	No E
10.	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes □*	No E

#### **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, stent placement, or a pneumothorax (collapsed lung).	Yes □*	No 🗆
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes □*	No □
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 □*	No □
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes □*	No 🗆
A diagnosis of COVID-19.	Yes □*	No □
Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes □*	No □
I have a high cholesterol level.	Yes □*	No □
I have high blood pressure.	Yes □*	No □
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 □*	No 🗆
Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes □*	No □
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes □*	No □
Recurrent sinusitis within the past 12 months.	Yes □*	No □
Eye surgery within the past 3 months.	Yes □*	No □
Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes □*	No □
Persistent neurologic injury or disease.	Yes □*	No □
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes □*	No □
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes □*	No □
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes □*	No □

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



