



FORM 5.7

**CMAS INSTRUCTORS SOUTH AFRICA
TECHNICAL DIVER MEDICAL EXAMINATION FORM**

SECTION A- PERSONAL DETAILS (To be completed by applicant)

Surname: _____ Names: _____

Date of Birth: ____ / ____ / _____ Gender: M / F

Postal address: _____

Tel no (Code): _____ W: _____ H: _____ Cell: _____

Diving Club: _____

Date of previous medical examination: ____ / ____ / _____

Diving Qualifications: _____

E-mail Address: _____

Name and Telephone of your General Practitioner: _____

SECTION B- MEDICAL HISTORY (To be completed by applicant)

No.	Question	Yes	No
1.	Have you ever been rejected for insurance?		
2.	Have you ever been accepted with higher premiums for insurance?		
3.	Do you, or have you ever suffered from severe sea or air sickness?		
4.	Do you or have you ever suffered from any heart disease, high blood pressure, rheumatic fever or cramps in your legs when walking?		
5.	Do you, or have you ever suffered from any lung injury or disease, chronic cough, asthma, shortness of breath or any chest injury?		
6.	Do you, or have you ever suffered or received treatment for swollen or painful joints, back ache, bone deformities or decompression illness?		
7.	Do you, or have you ever suffered from hay fever, sinusitis, ear infection, deafness or any injury of your ears?		
8.	Do you, or have you ever suffered from any eye defects, blindness or do you wear glasses/contact lenses?		
9.	Do you, or have you ever suffered from any migraines, paralysis, epilepsy, fits, any nervous disorder or have you had a head injury/concussion?		
10.	Do you, or have you ever suffered from any bladder disease, kidney stones or any STD?		
11.	Do you, or have you ever suffered from any disease of your intestines, jaundice, gallstones, peptic ulcers, piles or rectal bleeding?		
12.	Do you, or have you ever suffered from any glandular disorder, diabetes, thyroid disease or bleeding tendency?		
13.	Do you, or have you ever suffered from malaria or bilharzia?		
14.	Do you, or have you ever suffered from any hernia's, skin disease or do you have dentures?		
15.	Are you pregnant?		
16.	Have you ever been treated in a hospital/ mental institution or have you had any major operations, major accidents or bone fractures?		
17.	Do you smoke and if so, please stipulate how much.		
18.	Are you on any medication at present and if so, please specify.		
19.	Have you had any illnesses not mentioned above or are you aware of any reason in connection with your health which may endanger your life when diving?		

If any of the questions above were answered yes, please give full details.

Number	Details of Answer	Date	Current situation

I _____ hereby declare that I have answered all the questions truthfully.

Signed _____ Date _____

Witness (Medical Practitioner) _____

SECTION C- MEDICAL EXAMINATION

Height _____ m Weight _____ kg
 Circumference (only males): Chest (insp.) _____ cm (exp.) _____ cm. Waist _____ cm
 Vision (Snellen): R _____ /6 L _____ /6 With correction R _____ /6 L _____ /6
 Urine analysis: Blood _____ Protein _____ Glucose _____ Other _____
 Scars/visible defects: _____
 Ear, Nose & Throat: _____
 Movement of eardrum with valsalva Y / N

Cardiovascular System:	BP: _____ (repeat if >140/90)	Pulse: _____ /min
	Rhythm: _____	Heart sounds: _____
	Heart size: _____	

 Respiratory System: _____
 Abnormalities of chest wall: _____
 Abnormal sounds (wheezes/crepitations): _____
 Neurological system: _____
 Gastro- intestinal: _____
 Hernia's: _____
 Musculo-skeletal: _____
 Any other diseases found that may disqualify a person from technical diving: _____

 Comments: _____

 Results of Chest X-ray: _____

DECLARATION OF DIVING MEDICAL DOCTOR

Date: _____ FIT / UNFIT FOR TECHNICAL SCUBA DIVING

Restrictions or reasons if unfit: : _____

DIVING MEDICAL DOCTOR SIGNATURE: _____

ADDRESS: _____

TEL.: (Code): _____ H: _____ W: _____ Cell: _____

