

**2012**  
**SCUBA Experience**  
**PARTICIPANT'S GUIDE**



**PIPSICO SCOUT RESERVATION**  
**TIDEWATER COUNCIL, BSA**

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## **Welcome Letter-**

Dear SCUBA Experience Participant and/ or Unit Leader:

We are pleased to offer the SCUBA Experience as part of the James River High Adventure Base at Pipsico Scout Reservation. This program is designed to help scouts complete their open water dive certification and earn their Scuba Merit Badge. This guide will help you understand and prepare for your adventure during the Scuba Experience.

The emphasis for The Scuba Experience is to instill in youth teamwork, leadership skills, SCUBA skills, and most of all, show them a fun-filled week. While participating in this program you will be challenged with learning many new and exciting skills that only a few have ever had the opportunity to learn. Participants will learn how to meet and complete many challenges and will be able to come home with many new skills, friends, and memories.

Please take note that although participants will be camping in base camp for the majority of their stay, they will be participating in their own program group and follow their own schedule as outlined by the instructor and in the guide. Participants will be expected to actively engage in all aspects of the program and work cooperatively to achieve the best experience possible.

If you are looking for something other than the normal toil and trouble of earning merit badges while sitting under a shelter, then come out for an adventure of a lifetime! In addition to our certified dive instructors, our trained and knowable base staff is here to assist and guide you through the fun and challenging adventures that await you on The Scuba Experience.

If you have any comments, concerns, or questions, please let us know! We certainly look forward to seeing you this summer.

Sincerely,

*Evan Sommerfeld*

Director, Pipsico Scout Reservation



## **Program Overview-**

This program is designed to provide older Boy Scouts and Venture Scouts with the opportunity to experience a full week of diving. This program is designed for taking scouters who are not currently open water dive certified, and giving them the skills and knowledge to pass the open water dive certification.

During your week, there will be academic session, confined water dive sessions, and open water dive sessions. All classroom and confined water dive activities will take place at Pipsico Scout Reservation using a classroom area and the pool in Camp Lions. The open water dives (2) will be performed at Lake Rawlings VA.

At the end of the last academic session, there will be a 50 question multiple choice test which must be passed with a minimum score of 80% in order to continue participation in the program and earn your open water diver certification.

Student must be able to perform a waterman ship evaluation which includes a 200 yard swim and a 10- minute surface float without any aids. Also please note that in order to earn your Scuba Merit Badge; you must have already successfully completed your swimming merit badge prior to arrival at camp.

Personal equipment will need to be provided by each of the participants in the program. Personal equipment includes fins, mask, snorkel, boots, mask defogger, and mask cleaner. (See Appendix for Package Options) A hood and gloves are highly recommended for the open water dives and can be rented at Lake Rawlings upon arrival. The James River Adventure Base will provide the remaining equipment needed including air cylinders, buoyancy compensator, regulator, wetsuit, and weights for the pool and open water sessions.

Participants will be eating meals in the main Dining Hall, unless otherwise noted in the Typical Schedule section of this guide.

Primary instruction will be provided by certified instructors from a local dive shop. Please see page 5 for more information on the program requirements in their welcome letter.

Don't forget, if you or your youth enjoyed this program; ask about our other exciting programs at the James River High Adventure Base. Go to <http://www.PipsicoBSA.com> for more information.



655 Mt Vernon Ave. Portsmouth, Va. 23707

757-398-DIVE. [www.cbdcscuba.com](http://www.cbdcscuba.com)

May 11, 2012

Dear Scouts and Parents,

Thank you for choosing SCUBA diving as your 2012 camp activity.

The academic portion of the SSI open water diver course is intended to be home study. You will receive an SSI student kit which includes the student manual, a DVD, a zippered dive log, dive tables, and a training record.

In preparation for your SCUBA course, here are a few things you will need to accomplish prior to your arrival.

- Parents will need to fill out the student training record. Read and sign the *Statement of understanding*, the *Privacy Statement*, (on the front) and the *Waiver and Release of liability agreement*. (on the back) Fill out the grey area inside the cover, read and fill out the *Medical Statement* and *Medical History*. If there are any YES answers on the *Medical History* a physician's referral will be necessary. Read and sign the Chesapeake Bay Diving Center waiver. **Students must bring the training record with all appropriate parental signatures to the first class.**
- Students will need to read the entire student manual, including the appendix. At the end of each chapter there are study guide questions that must be filled out. At the end of the book there are student answer sheets. Transfer the study guide answers to these sheets, sign and date each page, tear them out of the book, and place them in the training record.
- Watch the DVD.
- Each student will need to purchase the following personal equipment prior to the first class session: Mask, snorkel, fins, and booties. We have included two discounted systems in your student kit. Chesapeake Bay Diving Center carries the full Aqualung line and if you would like a broader choice, go to [aqualung.com](http://aqualung.com), pick what you'd like, write down the part number, and give us a call. If you buy all of the pieces plus a mesh equipment bag from us we'll give you \$75.00 off.

There will be three 3 hour academic sessions, three 3 hour pool sessions at PIPSICO, and two 6 hour open water sessions at Lake Rawlings, Va.

At the end of the last academic session, there will be a 50 question multiple choice test which must be passed with a score of 80%.

Students will perform a watermanship evaluation which includes a 200 yard swim, and a 10 minute surface float without any aids.

Chesapeake Bay Diving Center will provide air cylinders, buoyancy compensator, regulator, wetsuit, and weights for the pool and open water sessions. A hood and gloves are highly recommended for the open water dives.

Upon the successful completion of the academic, pool, and open water session, 12-14 year old students will receive an SSI Jr. Open water diver certification card, and students 15 and older will receive an SSI open water diver certification card.

We recommend that students who live in the Hampton Roads area stop by our dive center for equipment fittings prior to the first class.



## **Your Week at Camp-**

To follow is a rough summary of a weekly schedule for the Scuba Experience. Note that this schedule is subject to change depending on weather and other outside factors. Participant's actions will also directly affect the schedule and time commitments.

### **Sunday-**

- Check-in
- Staff introductions and basic program outline instruction

### **Monday-**

- Academic sessions
- Confined water diving

### **Tuesday-**

- Academic sessions
- Confined water diving

### **Wednesday-**

- Academic sessions
- Confined water diving

### **Thursday-**

- AM travel to Lake Rawlings
- PM Open water Diving at Lake Rawlings
- Participants will stay the night at Lake Rawlings in Cabins

### **Friday-**

- AM Open water Diving at Lake Rawlings
- PM travel back to Pipsico Scout Reservation
- Closing campfire

### **Saturday-**

- Check-out
- Lots of sleep while on the car ride home



## **Other Notes**

- All meals except for lunch and dinner on Thursday, and breakfast and lunch on Friday, will be prepared and served in the Camp Lions Dining Hall. Please let us know ahead of time if there are any special dietary requirements as special consideration must be made for meals served while not at camp.
- Participants will camp with their own unit (if they attend with a unit that has participants in normal base camp programs) except for Thursday night where they will be at Lake Rawlings.
- You will need to bring a small overnight bag to keep your clothes and other personal items in for the overnight trip on Thursday. We will be staying in real cabins with bunk beds on this property. All other gear for the summer is normal to what you would bring for a traditional summer camp program. However, you may want to bring two or three towels as you will be getting wet a lot over the week.
- **Participants must be able to pass a BSA swim test on Sunday during the check-in process.**

\*\*Please also check at <http://www.PipsicoBSA.com> for updates about program changes as well as new programs and activities.

## **Organization-**

Each week the Scuba Experience participants will be introduced to each other during the Sunday night introduction meeting. The participants will be experiencing the program throughout the week together as a group. Also in effect, since the SCUBA Experience is open to, youth, adults, and male and female Venturers; are youth protection policies.

Supervision over all the week will be provided primarily by staff. Adults provided by the unit are not required. Units sending four or more youth to this program are encouraged to send 1 adult to participate in the program. Due to the high energy and fun packed schedule, participants are expected to obey all staff requests during the week.



## **Weeks of Operation for the Scuba Experience, 2012-**

Week 1 (June 24<sup>th</sup> - June 30<sup>th</sup>)

Week 2 (July 1<sup>st</sup> - July 7<sup>th</sup>)

Week 3 (July 8<sup>th</sup> - July 14<sup>th</sup>)

Week 4 (July 15<sup>th</sup> - July 21<sup>st</sup>)

## **Fees, Requirements, & Refund Policy-**

The Scuba Experience is \$475 if paid in accordance with the fee schedule listed below. Accounts not paid in full by March 31, 2012, are subject to a \$25 late fee per registration.

Reservations made after March 31, 2012, will be \$300. Reservations after March 31, 2012, require a \$100 deposit and for the account to be paid in full in 60 days or the slot and monies will be forfeited.

### ***Fee Schedule:***

- \$50 due upon registration
- \$100 due by December 17, 2011
- \$100 due by January 28, 2012
- \$100 due by February 25, 2012
- Final \$125 due by March 31, 2012

All payments must arrive by the date stated or the late fee will be applied to the registration price. These fees are valid for the 2012 season only.



### ***Requirements:***

**All Scout Participants must be 14 as June 24<sup>th</sup>, 2012**, have an Annual Medical Form with parts A, B, & C completed. They must also pass BSA swim test after arriving at Camp Lions. All adult participants must pay the \$475 fee, complete the Annual Health and Medical Record parts A, B, & C, and pass the BSA swim test. There is a maximum of 14 participants per week. If a participant is unable to pass the swim test, they will be sent home at their own cost or given the option to participate in regular Boy Scout Camp program if space is available. Female participants are not required to bring a female leader, but it is encouraged.





### ***Refund Policy:***

It is important to note that when you make a reservation for the James River Adventure Base, your reservation guarantees you a spot in the Scuba Experience (assuming the week requested has not already filled up). Once you reserve a slot you will be expected to pay for the entire balance of that slot.

Refunds for SCUBA Experience of all but \$100 of fees paid will only be given under the following circumstances:

- Death in the immediate family of the Scout
- Severe illness or injury on the part of the Scout (doctor's letter required)

### **Our Location-**

The James River Adventure Base at Pipsico Scout Reservation; is located in Spring Grove, Virginia, approximately midway between Norfolk and Richmond. It is about 25 miles off Interstate 295 from Hopewell, Virginia.

Our camp is centrally located to a host of attractions. The first permanent English settlement at Jamestown is a short distance via the nearby ferry. Many fascinating historical sites from the first 250 years of American history are within easy driving distance (an hour or so). Among these are Colonial Williamsburg, restored colonial plantations, the Revolutionary War battlefield at Yorktown, and Civil War battlefields around Richmond and Petersburg.

For those who want more modern adventure, local amusement parks include Busch Gardens and Water Country USA. A moderate drive from camp brings visitors to the Naval base in Norfolk, the NASA Langley Research Center, the Atlantic Ocean beaches and boardwalk at Virginia Beach, and much more.

If you are coming from outside the local area, we would be glad to have you as our guests in Camp Rotary for a few extra days so you can add some of these world-class attractions to your summer camp experience. With advance notice, we can provide breakfast, dinner, and box lunches on the days you are in Camp Rotary for a nominal cost.

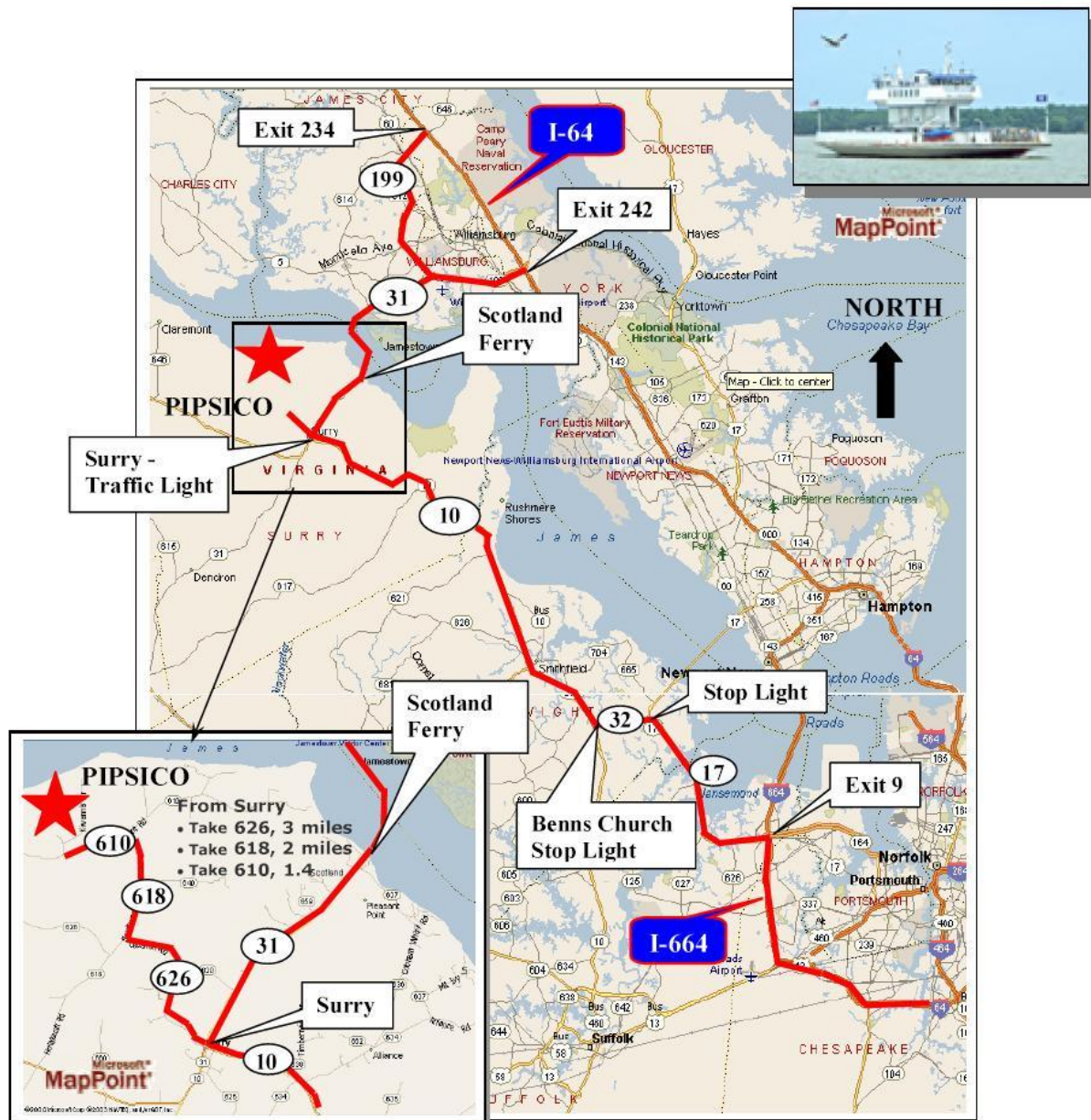




## Getting to the James River Adventure Base at Pipsico Scout Reservation:

Take a drive in the country or a ride on a ferry. Which ever route you and your Scouts choose, you are sure to enjoy the trip. From South Hampton Roads, the most direct route is illustrated below. However, some may prefer taking Route 460 to Route 10 North.

For those coming from the Peninsula or interested in something different, the Jamestown- Scotland Ferry is the way to go. However you arrive, traveling to Pipsico will provide a history rich and scenic journey.





## **Planning and Preparation-**

### ***What to Bring:***

#### **Required Items-**

1. Backpack or duffle bag
2. Toiletry kit (including towel)
3. Sleeping bag & pillow
4. Normal Clothing needed for 6 days plus:
  - 1 Bathing Suits
  - 2 pairs of Shoes- Moccasins, boat shoes or tennis shoes are OK. All might be exposed to water. A pair of hiking boots is suggested but not required.
  - Hat
  - Sunglasses with strap
5. Sunscreen, insect repellent and lip balm w/ sunscreen
6. Rain Gear
7. Pair of Leather gloves
8. Insect Repellent (non-aerosol)
9. Mosquito Netting
10. Flashlight

#### **Suggested Items-**

1. No cash money required; however, each individual will be allowed and is encouraged to carry money for personal expenditures. The youth will have access to the camp trading post as well as the facilities and shops at Lake Rawlings. (A suggested amount of \$50.00)
2. Camera
3. Pocket knife preferably with a belt and belt holder

DO NOT BRING- Cell Phones, Radios, CD players, iPODs, firearms, sheath knives, or any other scouting restricted items.



### ***Sunday Check In:***

Please plan on arriving between 1:15 and 3:15 PM on Sunday afternoon of your scheduled camp week. If you arrive early, please park and wait in the parking lot of Camp Lions. Registration will be conducted at the Burton Center which is main administration building inside of Camp Lions at Pipsico Scout Reservation. If you plan to arrive late, please notify us in advance so special arrangements can be made. If you are delayed on the way to camp, let us know at (757) 294-3912.

At initial check-in, we will verify the number of campers with your unit, confirm paperwork is in order and assign you to a campsite. Your pre-ordered T-shirts will be given to you at this time.

Next your Camp Guide will meet you. The Camp Guide will escort you through the remaining check-in procedures:

- Your Campsite where you will drop off (but not unpack) your gear. At this time everyone will change into bathing suits. You will be given a pass that allows one vehicle at a time into the campsite. All vehicles (other than trailers) must be moved to the main parking lot by dinner on Sunday.
- OA Shelter, where you will turn in Health Record Forms with the Health and Safety Officer.
- OA Shelter where you will fill out buddy tags.
- Dining Hall for a brief orientation on mealtime procedures.
- Pool for Swim Test: **All participants (youth and adult) are required to pass the BSA Swimmer test.** Change into your swim suits and go to the pool. If a participant is unable to pass the swim test, they will be sent home at their own cost or given the option to participate in regular Boy Scout Camp if space is available.
- To the Dining Hall where you will be introduced to the SCUBA Experience Staff.
- Your campsite to unpack and get settled for the night.



### ***Saturday Check Out:***

You can plan on your unit leaving camp between 8:00 and 10:30 AM on Saturday. A continental breakfast will be served between 8:00 and 9:00 AM.

If all gear and equipment **was not** returned to the proper condition on Friday (you will be told this at dinner Friday night), participants should report back to the designated area Saturday morning for a final inspection by the director. Once you have been given the final ok, you may return to your primary campsite for final checkout procedures.

One vehicle at a time may enter the campsite to load gear, no earlier than 7:30 AM. Once your gear is packed out and your campsite and latrine are clean, a staff member will inspect the campsite and release you from camp.

Once you have been checked out of your campsite and picked up your health records and medications from the Health Lodge, we will give you your 2012 The Scuba Experience patches and be wished a safe trip home.

### **Scuba Experience Policies:**

#### ***Mail:***

Mail can be sent to Scuba Experience participants throughout the week by using the following address:

Pipsico Scout Reservation  
c/o Scout's Name, Unit Number, SCUBA EXPERIENCE  
57 Pipsico Road  
Spring Grove, VA 23881



#### ***Telephones:***

A phone for outgoing calls is available at the Burton Center. An adult leader must be present for a Scout (with his buddy) to use this phone. Calls must be collect or by calling card, and must be limited to five minutes. Should anyone need to contact a camper on an important matter, the number is: **1-(757) 294-3912** This is our business phone, and cannot be tied up with personal calls, so parents will not be able to speak to their children on this line. Phone messages will be placed in the unit mailbox; emergency messages will be delivered as soon as possible. If adult leaders need to receive regular calls at camp, bring a cell phone or pager, or make arrangements to check with their office on a regular schedule.

In case of emergency while out in the activity areas, the Staff will be in contact with the Camp via cell phone and Radios.



***Attire:***

The BSA Class A uniform is the expected uniform for retreat ceremonies. At other times, we encourage campers to wear an activity uniform including Scout shorts, Scout belt, and a casual shirt or T-shirt with a Scouting theme. Shirts that promote alcohol, tobacco, or are otherwise inconsistent with Scouting values are not allowed.

The camp Trading Post has a limited selection of uniform items including socks, belts, and T-shirts. In order to fulfill your t-shirt needs, be sure to pre order them in the correct sizes when you reserve your space in camp.

Not having a uniform should not prevent any Scout from attending camp; however, every effort should be made to ensure that every Scout has one, using every means available: unit and Council fund raising activities, financial assistance from your chartered organization, recycling "experienced" uniforms, etc.

Bathing suits should be conservative; remember, there may be coed participants.



### ***Buddy System:***

All participants of Scuba Experience should use the buddy system while at camp, in the activity area, and while visiting Lake Rawlings. While Scuba diving, you will have to use the buddy system as well. Crew leaders are required to know the whereabouts of their crewmembers at all times.

### ***Provisional Campers:***

If a Scout is unable to attend camp with his own unit, or wants to attend a second week of camp, we can arrange for him to attend camp with another unit. Fees for provisional campers are the same as for other Scouts. On occasion, we ask a unit to include a provisional camper in their unit for the week at camp. In such cases, we require that a parent or guardian meet with the unit's camp leader prior to camp or during check-in. Provisional participants will be placed in crews with other provisional crewmembers or partial crews.

### ***Lost and Found:***

A lost-and-found bin will be maintained at the Burton Center.

### ***Trading Post:***

In addition to program materials, our Trading Post offers a variety of snacks and drinks, and a wide selection of camping supplies, Scouting materials, special James River Adventure Base and Pipsico Scout Reservation souvenirs. Remember that the proceeds from the Trading Post support your Scouting programs! Please encourage your participants to bring spending money (\$50 recommended). There will also opportunities to shop at Lake Rawlings.

**Unit Leaders:**

Coed units are encouraged to provide a female leader with the female participants. Units also sending four or more participants are encouraged to send an adult with their participants for the best experiences. Please contact us before arrival at camp to make arrangements for provisional participants.

**Valuables:**

Unfortunately, even in a scouting environment, losses occur. To ensure nothing will happen to your favorite gadgets and gizmos, leave them at home! We do not carry insurance for personal items. Also remember that we will be surrounded by a lot of water and out in unsheltered areas frequently, please make sure items that can not get wet are secured properly.

**Vehicles:**

While camp is in session, all Scouts, leaders, and visitors are prohibited from driving past the gate in front of the Health Lodge. One vehicle will be allowed into your campsite during check-in to drop off unit gear; as soon as it is unloaded, it must be promptly moved to the Burton Center parking lot.







### ***Prohibited Items:***

The following items and actions are strictly prohibited while at Camp Lions and while participating in Scuba Experience and are a cause for immediate dismissal:

- Alcohol
- Tobacco - The use of tobacco in any form is strictly prohibited for youth participants. Adults who smoke must do so out of sight of any youth members. Smoking is prohibited while on the boats.
- Illegal Drugs
- Fireworks
- Sheath Knives
- Firearms of any kind
- Theft
- Actions that knowingly endanger another participant or staff.
- Intentionally damaging property belonging to another person or SCUBA Experience.

### ***Discipline:***

All participants are expected to live up to the principles and values of the Scout Oath and Law and/or the Venturing Code.

- Discipline of Scouts while at camp is the responsibility of unit leaders. If Scouts are disruptive or refuse to comply with camp rules, we will refer the matter to the unit leaders for resolution. If problems recur, we may require the Scout to be sent home.
- In the event that a unit leader is not present during the trip to Lake Rawlings, the staff will be responsible for enforcing rules and disciplining those participants who break them.
- If the camp administration believes that further disciplinary action is required of any crewmember, they will intervene. Chartered partners of the participant's home unit and/or a Council representative will be contacted for serious infractions.
- Any participant who steals, vandalizes, or intentionally places another participant, staff member, or other person in danger will immediately be sent home. The administration reserves the right to take further action themselves if necessary, including sending the entire crew home within 24 hours.
- Hazing or any other such activities are not allowed at any time during The Scuba Experience.



## **Medical Information-**

### ***Medical Forms and Physical Examinations:***

All SCUBA Experience participants, both youth and adults, must have a completed and signed Annual BSA Health and Medical Record, parts A, B, & C. (This form is included at the back of this booklet)

Youth participant medical forms must be signed by a parent and include the parent's medical insurance information (a copy of insurance card). Participants without a properly completed Annual BSA Health and Medical Record, will not be admitted to the program.

A separate Medical Statement and Medical History form will be required for participants of the Scuba Experience. If there are any YES answers on the Medical History a physician's referral will be necessary to participate in the program.

### ***Medications:***

All prescription drugs are kept and administered by the unit. It is to be kept in a secured location out of the reach of the children. If medication requires refrigeration, it can be checked in with the Health Officer during check-in. Please provide a list of medication, dosage and to whom you are administering medication to when you check in with the Health Officer.

By law, medications must be in a container with a typed label from the pharmacy. Medications will be given only in accordance with the label. Handwritten changes will not be accepted.

If no leader from the unit is participating in The Scuba Experience, then the staff will also dispense medication throughout the time spent at Lake Rawlings. Participants suffering from asthma may keep their medication with them, but must inform the staff that they have it.



### ***Emergency Medical Treatment:***

Camp Lions has a health officer on duty 24 hours a day.

The cost of medical treatment away from camp will be billed to the camper's primary insurance carrier. Registered Tidewater Council units are covered by supplemental insurance, which covers certain deductibles and other expenses for injuries and illnesses incurred at camp. Parents must make arrangements for treatment of pre-existing conditions. Tidewater Council's policy does not cover out-of-council units; those units need to submit a certificate of insurance from their home council or unit prior to arriving at camp. We recommend that this be done when making your final camp fee payment.

### **Photo Release Information-**

During the course of the week photographs or video footage may be taken for promotional purposes. If a parent does not wish for their child to be photographed, you must notify the Council office prior to your unit's arrival at camp. The parent must provide a signed letter stating that their child is not to be photographed. We will depend on the unit leader to make us aware of and individuals that may not be photographed once they arrive on the property. **PLEASE SHARE THIS INFORMATION WITH PARENTS.**

\*The SCUBA Experience staff is dedicated to provide you with the best high adventure experience of your scouting summers. Therefore, if you see any areas where we can improve, please write them down at the end-of-week evaluations. If you have any questions about this guide or program, please do not hesitate to call us at (757) 497-2688.

**For more information or updates regarding this and other programs:**

**<http://www.PipsicoBSA.com>**



## **Appendix Table of Contents**

- A. 2012 The SCUBA Experience Reservation Form
- B. Annual BSA Health and Medical Record, parts A, B, &C
- C. Prescription Medication Information Form
- D. 2012 Health Info Release Form
- E. Prescription Medication Cards
- F. 2012 Personal Equipment Packages
- G. SSI Health Form and Questionnaire



# 2012- SCUBA Experience

## Participant's Form

Participant's Information –  
ONE FORM PER PARTICIPANT



Full Name: \_\_\_\_\_

(Check Appropriate) Male: \_\_\_\_\_ or Female: \_\_\_\_\_ Youth: \_\_\_\_\_ or Adult: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Council: \_\_\_\_\_ Troop/Ship/Crew No.: \_\_\_\_\_

Parent's Name (if youth): \_\_\_\_\_

Alternate Number: \_\_\_\_\_

### Payment Schedule

Discounted Fee (if you meet the below schedule): \$475

- \$50 due upon registration
- \$100 due by December 17, 2011
- \$100 due by January 28, 2012
- \$100 due by February 25, 2012
- Final \$125 due by March 31, 2012

Late Fee or Late Registration: additional \$25 per registration

### Schedule

(Check Which Week You Will Be Attending)

\_\_\_\_ Week 1 (June 24<sup>th</sup> - June 30<sup>th</sup>)

\_\_\_\_ Week 2 (July 1<sup>st</sup> - July 7<sup>th</sup>)

\_\_\_\_ Week 3 (July 8<sup>th</sup> - July 14<sup>th</sup>)

\_\_\_\_ Week 4 (July 15<sup>th</sup> - July 21<sup>st</sup>)

### James River Adventure Base: SCUBA Experience Requirements

All participants must be 14 by June 24<sup>th</sup> 2012, must be able to successfully pass the Boy Scouts of America swim test, and have a CURRENT BSA Annual Medical Form. Participants must also be able to complete or have already completed the Swimming Merit Badge. Please refer to the SCUBA Participants Guide for more information on what to bring and a schedule for the week.

### RETURN THIS RESERVATION FORM TO:

TIDEWATER COUNCIL, B.S.A.  
1032 HEATHERWOOD DRIVE  
VIRGINIA BEACH, VA 23455

\*\*\*\*\*  
**RETURN THIS FORM AND DEPOSITS TO TIDEWATER COUNCIL**  
**NO LATER THAN DECEMBER 17, 2011**

**TO QUALIFY FOR THE DISCOUNTED CAMP FEE**

\*\*\*\*\*

#### OFFICE USE ONLY

9/30/2011 DATE RECEIVED \_\_\_\_\_

Before 12/31/11 ACCT # 1-2630-421-00 SW=6967  
After 1/1/12 ACCT# 1-6701-421-21 SW=6968

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

#### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
 Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

### HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

#### Allergies or Reaction to:

Medication \_\_\_\_\_  
 Food, Plants, or Insect Bites \_\_\_\_\_

#### Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	<b>Tetanus</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

**(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)**

### MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): \_\_\_\_\_ / \_\_\_\_\_  
Parent/guardian signature and/or MD/DO, NP, or PA signature

**Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Full name:

## Part B

### INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

#### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Without restrictions.

With special considerations or restrictions (list) \_\_\_\_\_

### TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes  No

### ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Adults NOT authorized to take youth to and from events:

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

**I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.**

**If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

(if participant is under the age of 18)

Second parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

(if required; for example, CA)

**This Annual Health and Medical Record is valid for 12 calendar months.**

**Part B Full name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**High-adventure base participants:**  
 Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

**Part C**

**TO THE EXAMINING HEALTH-CARE PROVIDER** (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program at one of the national high-adventure bases, please refer to Part D for additional information.

(Part D was made available to me.  Yes  No)

**PHYSICAL EXAMINATION**

Height (inches) \_\_\_\_\_ Weight (pounds) \_\_\_\_\_ Maximum weight for height \_\_\_\_\_ Meets height/weight limits  Yes  No  
 Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Percent body fat (optional) \_\_\_\_\_

If you exceed the maximum weight for height as explained on this page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle-accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a water-displacement test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				<b>Other</b>	<b>Yes</b>	<b>No</b>	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			<b>Explain</b>
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff) <input type="checkbox"/> Negative <input type="checkbox"/> Positive							

**Allergies** (to what agent, type of reaction, treatment): \_\_\_\_\_

**Restrictions** (if none, so state) \_\_\_\_\_

**EXAMINER'S CERTIFICATION**

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions above)

**True False**

- Meets height/weight requirements
- Does not have uncontrolled heart disease, asthma, or hypertension
- Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from their orthopedic surgeon or treating physician
- Has no uncontrolled psychiatric disorders
- Has had no seizures in the last year
- Does not have poorly controlled diabetes
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

Provider printed name \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Office phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

**DO NOT WRITE IN THIS BOX**

REVIEW FOR CAMP OR SPECIAL ACTIVITY

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Further approval required  Yes  No Reason \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

**Part C Full name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_





## Prescription Medication Information Form

Unit #: \_\_\_\_\_ Council: \_\_\_\_\_ Date Attending Camp: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medication / Strength:** \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

When was medication started?: \_\_\_\_\_ Temporary: \_\_\_\_ Permanent: \_\_\_\_

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Special storage instructions:

\_\_\_\_\_  
\_\_\_\_\_

**Medication / Strength:** \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

When was medication started?: \_\_\_\_\_ Temporary: \_\_\_\_ Permanent: \_\_\_\_

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Special storage instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Authorization for Release of Health Information

I, \_\_\_\_\_, the parent / legal guardian of  
\_\_\_\_\_ (Scout), hereby authorize any doctor or hospital treating the  
Scout while he is at camp to discuss and release information regarding such treatment or follow-  
up care to any of the following representatives of the BOY SCOUTS OF AMERICA, Tidewater  
Council.

- **Evan Sommerfeld**, Reservation Director
- Pam, Vickrey, Council Camping Secretary
- Camp Business Manager
- Camp Health and Safety Officer

The authorization will remain in effect while the scout is at summer camp and will expire no  
later than August 08, 2012.

\_\_\_\_\_  
Signature of Parent / Legal Guardian Date

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please attach a copy of the front and back of your current insurance card.  
Check that dates have not expired.



**Prescription Medication Card**

SUN MON TUES WED THURS FRI  
Breakfast Lunch Dinner Evening Other: \_\_\_\_\_

Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
City/State: \_\_\_\_\_

Medications: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Prescription Medication Card**

SUN MON TUES WED THURS FRI  
Breakfast Lunch Dinner Evening Other: \_\_\_\_\_

Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
City/State: \_\_\_\_\_

Medications: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Prescription Medication Card**

SUN MON TUES WED THURS FRI  
Breakfast Lunch Dinner Evening Other: \_\_\_\_\_

Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
City/State: \_\_\_\_\_

Medications: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Prescription Medication Card**

SUN MON TUES WED THURS FRI  
Breakfast Lunch Dinner Evening Other: \_\_\_\_\_

Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
City/State: \_\_\_\_\_

Medications: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## PRICE BUSTER - BASIC SCUBA PACKAGE

Includes: Fins, mask, snorkel, boots, mask defogger, mask cleaner

**\$159** +tax

Pick Color  Blue  Black  Yellow

Mask Option 1

Mask Option 2

Shoe Size - \_\_\_\_\_

Mask Option 1



Mask Option 2



## Deluxe Scuba Package

**\$249**<sub>+tax</sub>

**Includes:** Mask, Snorkel, Boots, Fins, Mask Cleaner & Defogger, mesh Bag, Comfort strap for Mask

### Mask1 Favola



#### Mask Option 1

- Orange  White  Blk/Teal  All Black  
 Blue/silver  Red  Transparent Blue

#### Mask Option 2

- White,  Blue  Silver  Red  
 Black Silicone: Black,  Black Silicone/Orange

### Mask 2 Ventura



#### Snorkel Option 1

- Black  Pink  Blue  
 Yellow  Orange  Silver

### Snorkel with purge 1



#### Snorkel Option 2

- Black  Pink  Blue  Yellow

### Snorkel with Purge 2

(blue shown)



**Boot Size**

Men's - \_\_\_\_\_

Women's - \_\_\_\_\_



**Fins**  (Size determined by boot size)

Orange  Red  Pink

Blue  Black (not shown)  White (not shown)



**Sling Shot Fins Upgrade** add \$58

Red  Blue  Black  Pink

**Please Note\***

ALL Equipment is warranted by Aqualung & CBDC- We will professionally fit equipment to all students to assure proper fit for their Safe Scuba Experience.

Equipment will be delivered to students during their class.

## Guidelines for

# RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION

### *Instructions to the Physician:*

Recreational scuba (self contained underwater breathing apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The Recreational Scuba Diver's Physical Examination focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with 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 all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate 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 decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student 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 judgement on an assessment of the individual patient. Some medical problems which may preclude diving are temporary in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone (919) 684-2948 during normal business hours. For emergency calls, 24 hours, 7 days a week, call (919) 684-8111 or (919) 684-4DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61-8-8212-9242, DAN Japan +81-33590-6501 and DAN Southern Africa +27-11-242-0380. There are also a number of informative websites offering similar advice.

## NEUROLOGICAL

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine 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.

### *Relative Risk Conditions:*

- Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations
- History of Head Injury with sequelae other than seizure
- Herniated Nucleus Pulposus
- Peripheral Neuropathy
- Multiple Sclerosis
- Trigeminal Neuralgia
- History of spinal cord or brain injury

*Temporary Risk Conditions:* History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.

*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:*

- 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

## CARDIOVASCULAR SYSTEMS

*Relative Risk Conditions:* The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is 13 METS.\* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water

causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

\* *METS is a term used to describe the metabolic cost. The MET at rest times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)*

**Relative Risk Conditions:**

- History of Coronary Artery Bypass Grafting (CABG)
- Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)
- History of Myocardial Infarction
- Congestive Heart Failure
- Hypertension
- History of dysrhythmias requiring medication for suppression
- Valvular Regurgitation
- Pacemakers — The pathologic process that necessitated should be addressed regarding the diver's fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

\* *NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.*

**Severe Risks:** Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

## PULMONARY

Any process or lesion that impedes airflow from the lung places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity 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. Structural disorders of the chest or abdominal wall (e.g.: prune belly), 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.

**Relative Risk Conditions:**

- History of Asthma or Reactive Airway Disease (RAD)\*
  - History of Exercise Induced Bronchospasm (EIB)\*
  - History of solid, cystic or cavitating lesion\*
  - Pneumothorax secondary to:
    - Thoracic Surgery
    - Trauma or Pleural Penetration\*
    - Previous Overinflation Injury\*
  - Obesity
  - History of Immersion Pulmonary Edema Restrictive Disease\*
  - Interstitial lung disease: May increase the risk of pneumothorax
- \* Spirometry should be normal before and after exercise

**Severe Risk Conditions:**

- History of spontaneous pneumothorax: Individuals who have experienced spontaneous pneumothorax 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 (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- Impaired exercise performance due to respiratory disease.

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

## GASTROINTESTINAL

**Temporary Risk:** As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

**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.

**Relative Risk Conditions:**

- Inflammatory Bowel Disease
- Functional Bowel Disorders



**Severe Risks:** Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

**Severe Risk Conditions:**

- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal Hernia

## ORTHOPEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

**Relative Risk Conditions:**

- Amputation
- Scoliosis must also assess impact on respiratory function and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical cause of decompression may accelerate/escalate the progression).

**Temporary Risk Conditions:**

- Back pain

## 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 (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

**Relative Risk Conditions:**

- Sickle cell trait
- Polycythemia Vera
- Leukemia
- Hemophilia/Impaired Coagulation

## METABOLIC AND ENDOCRINOLOGICAL

With the exception of diabetes mellitus, 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.

**Relative Risk Conditions:**

- Hormonal excess or deficiency
- Obesity
- Renal insufficiency

**Severe Risk Conditions:** The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemia medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues.

**Pregnancy:** The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

## BEHAVIORAL HEALTH

**Behavioral:** The diver's mental capacity and emotional make-up are important to safe diving. The student diver must have sufficient learning abilities to grasp information presented to him by his instructors, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The student's motivation to learn and his ability to deal with potentially dangerous situations is also crucial to safe scuba diving.

**Relative Risk Conditions:**

- Developmental delay
- History of drug or alcohol abuse
- History of previous psychotic episodes
- Use of psychotropic medications

**Severe Risk Conditions:**

- Inappropriate motivation to dive — solely to please spouse, partner or family member, to prove oneself in the face of personal fears
- Claustrophobia and agoraphobia
- Active psychosis
- History of untreated panic disorder
- Drug or alcohol abuse

## 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 are at increased risk of rupture due to failure to equalize pressure or due to marked overpressurization during vigorous or explosive Valsalva maneuvers.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglottic structure must function normally to prevent aspiration. Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

**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

**Severe Risk Conditions:**

- Monomeric 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

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11. Divers Alert Network (DAN) United States, 6 West Colony Place, Durham, NC www.DiversAlertNetwork.org
12. Divers Alert Network Europe, P.O. Box 64026 Roseto, Italy, telephone non-emergency line: weekdays office hours +39-085-893-0333, emergency line 24 hours: +39-039-605-7858
13. Divers Alert Network S.E.A.P., P.O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166
14. Divers Emergency Service, Australia, www.rah.sa.gov.au/hyperbaric, telephone 61-8-8212-9242
15. South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, www.spums.org.au
16. European Underwater and Baromedical Society, www.eubs.org

**ENDORSEES**

- |                                                                                                                                                          |                                                                                                                                                                  |                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                                                                                                       |
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## Medical Statement

PARTICIPANT RECORD — CONFIDENTIAL INFORMATION

**Please read carefully before signing.**

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by:

(INSTRUCTOR) \_\_\_\_\_

and (FACILITY) \_\_\_\_\_

located in the city of \_\_\_\_\_

and state of \_\_\_\_\_.

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers.

To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the Instructor before participation in this program. You will also need to learn from the Instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified Instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your Instructor before signing.

## Medical History

**To the Participant:**

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of your physician.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your Instructor will supply you with a medical statement and guidelines for recreational scuba diver's physical examination to take to your physician.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>____ Could you be pregnant, or are you attempting to become pregnant?</p> <p>____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)</p> <p>____ Are you over 45 years of age and can answer YES to one or more of the following?</p> <ul style="list-style-type: none"> <li>• currently smoke a pipe, cigars, or cigarettes</li> <li>• have a high cholesterol level</li> <li>• have a family history of heart attacks or strokes</li> <li>• are currently receiving medical care</li> <li>• high blood pressure</li> <li>• diabetes mellitus, even if controlled by diet alone</li> </ul> | <p>____ Any form of lung disease?</p> <p>____ Pneumothorax (collapsed lung)?</p> <p>____ Other chest disease or chest surgery?</p> <p>____ Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?</p> <p>____ Epilepsy, seizures, convulsions or take medications to prevent them?</p> <p>____ Recurring migraine headaches or take medications to prevent them?</p> <p>____ Blackouts or fainting (full/partial loss of consciousness)?</p> <p>____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?</p> <p>____ Dysentery or dehydration requiring medical intervention?</p> <p>____ Any dive accidents or decompression sickness?</p> <p>____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?</p> | <p>____ Head injury with loss of consciousness in the past five years?</p> <p>____ Recurrent back problems?</p> <p>____ Back or spinal surgery?</p> <p>____ Diabetes?</p> <p>____ Back, arm or leg problems following surgery, injury or fracture?</p> <p>____ High blood pressure or take medication to control blood pressure?</p> <p>____ Heart disease?</p> <p>____ Heart attack?</p> <p>____ Angina, heart surgery or blood vessel surgery?</p> <p>____ Sinus surgery?</p> <p>____ Ear disease or surgery, hearing loss or problems with balance?</p> <p>____ Recurrent ear problems?</p> <p>____ Bleeding or other blood disorders?</p> <p>____ Hernia?</p> <p>____ Ulcers or ulcer surgery?</p> <p>____ A colostomy or ileostomy?</p> <p>____ Recreational drug use or treatment for, or alcoholism in the past five years?</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE...**

- \_\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercise?
- \_\_\_\_ Frequent or severe attacks of hayfever or allergy?
- \_\_\_\_ Frequent colds, sinusitis or bronchitis?

**The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURES OF PARENTS OR GUARDIANS WHERE APPLICABLE \_\_\_\_\_

DATE \_\_\_\_\_

# Student

(Please print legibly)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
First Initial Last

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Telex \_\_\_\_\_ FAX \_\_\_\_\_

## Name and address of your family or primary care physician:

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Name of examiner \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Were you ever required to have a physical for diving?  Yes  No If so, when? \_\_\_\_\_

# Physician

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Please review Guidelines for Recreational Scuba Diver's Physical Examination.

## Physician's Impression:

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks \_\_\_\_\_

*I have reviewed Guidelines for Recreational Scuba Diver's Physical Examination.*

\_\_\_\_\_, M.D. Date \_\_\_\_\_  
Physician's Signature

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_