



**SANTA BARBARA CITY COLLEGE**  
**MARINE DIVING TECHNOLOGY**  
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**COMMERCIAL DIVING- PHYSICIAN'S EXAMINATION REPORT**

Applicant's Name \_\_\_\_\_ Address \_\_\_\_\_

Age \_\_\_\_\_ Telephone Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TO THE PHYSICIAN:**

This applicant has applied for admission to the Marine Technology Program at Santa Barbara City College for training in commercial diving as a topside diving team member and as a diver. The applicant should complete the Commercial Diving Medical History Form prior to the exam.

All candidate diving personnel must undergo a thorough physical examination prior to being exposed to hyperbaric conditions. Subsequent to the initial examination, all diving personnel are required to be re-examined at 12-month intervals.

The examining physician should interpret any physical findings on the basis of the kind of occupation to which the applicant aspires. For example, a position as an air diver requires a less extensive examination than does a position as a saturation diver, but more extensive than that required for topside personnel. With this as a frame of reference, the applicant's cardio-vascular, gastro-intestinal, genito-urinary and neuro-muscular systems should be assessed to determine if the physical exertion necessitated by the type of diving planned will be harmful to the organ system in question, and if the condition of any organ system would make it difficult or impossible for the prospective diver to carry out the planned exercise or exertion.

**OPTIONAL TESTS:** Additional laboratory procedures may be employed at the discretion of the examining physician depending upon the strenuousness of the anticipated diving operations. These may include: Stress electro-cardiography, tests demonstrating sensitivity to oxygen and carotid sinus sensitivities, full chest film, pulmonary function tests (i.e., one-second times vital capacity and tests for air trapping), audiogram, radiographic examination for dysbaric osteonecrosis, special blood studies and electro-encephalography.

**PHYSICIAN QUALIFICATIONS:** The examining physician must be familiar with and experienced in the physical requirements and medical aspects of compressed gas diving. In the absence of an examiner with knowledge of hyperbaric medicine, examinations should be made by a physician who understands the need and purpose of the examination, and who has had prior experience in examining individuals who will be exposed to strenuous work conditions and hazardous environments. The "Association of Diving Contractors Consensus Standards for Commercial Diving Operations" section III-B provides examination standards which may be used as a basis for completing the examination. **All completed physical examinations will be forwarded by the SBCC Marine Technology Department or to the department's Medical Review Officer for review, prior to final approval.**

**EXAMINATION:** (**To be completed in its entirety by the Physician-** Please examine and **initial as complete** each of the items below. If considered abnormal indicate under "remarks" the pertinent details.) **Attach lab reports, items 22, 23 & 24.**

Blood Pressure: ..... Systolic \_\_\_\_\_  
 Blood Pressure: ..... Diastolic \_\_\_\_\_  
 Pulse: Resting \_\_\_\_\_ 2 min. post exercise \_\_\_\_\_

- 11. Genitalia ..... \_\_\_\_\_
- 12. Anus and rectum ..... \_\_\_\_\_
- 13. Upper extremities ..... \_\_\_\_\_
- 14. Lower extremities ..... \_\_\_\_\_
- 15. Neurologic ..... \_\_\_\_\_
- 16. Skin reactions or eruptions ..... \_\_\_\_\_
- 17. Psychiatric (inc. emotional stability) ..... \_\_\_\_\_
- 18. Chest X-Ray- 2 view necessary ..... \_\_\_\_\_
- 19. Eye grounds exam ..... \_\_\_\_\_
- 20. Mouth and throat ..... \_\_\_\_\_
- 21. Vital Capacity ..... \_\_\_\_\_
- 22. C.B.C.- (**attach report**) ..... \_\_\_\_\_
- 23. U/A- (**attach report**) ..... \_\_\_\_\_
- 24. Drug screening (**attach report**) ..... \_\_\_\_\_  
 (SAMHSA- 5 Panel Drug Test)

- 1. General Appearance ..... \_\_\_\_\_  
 (inc. obesity, gross defects, postural abnorm.)
- 2. Head and neck ..... \_\_\_\_\_
- 3. Eyes (inc. visual acuity for glasses) ..... \_\_\_\_\_
- 4. Nose and sinuses ..... \_\_\_\_\_
- 5. Ears ..... \_\_\_\_\_  
 (inc. visual acuity, need for glasses Rx)
- 6. Spine ..... \_\_\_\_\_
- 7. Lungs and chest ..... \_\_\_\_\_
- 8. Heart ..... \_\_\_\_\_
- 9. Abdomen & Viscera ..... \_\_\_\_\_
- 10. Inguinal rings ..... \_\_\_\_\_

**CONTRAINDICATIONS**

**ABSOLUTE DISQUALIFICATION.** Contraindications include:

1. Definite emotional instability or mental retardation
2. Subject to faintness or blackout (i.e., epilepsy, brittle diabetes, dysrhythmias, synocopal attacks)
3. Subject to pneumothorax (i.e., previous pneumothorax, bleb, cystic or obstructive disease of the lungs)
4. Certain cardiac abnormalities (i.e., pathological heart block, valvular disease, interventricular septal defects)
5. Active asthma
6. Diabetes
7. Abnormal findings on drug screening

**RELATIVE DISQUALIFICATION.** Contraindications include:

1. Gross obesity
2. History of neurological decompression sickness
3. Perforation of tympanic membrane
4. Grossly impaired hearing – A hearing loss of either ear of 35 dB or more, at frequencies up to 3000 Hz and 50 dB or more, at frequencies above 3000 Hz to minimum of 6000 Hz is an indication for referral of the candidate to a specialists for further opinion.
5. History of severe motion sickness
6. Seriously impaired pulmonary function
7. Pulmonary fibrosis
8. Chronic alcoholism
9. Peptic ulcer
10. Chronic hepatitis
11. Sickle cell anemia
12. Disabilities requiring certain medications for control (proper prescription medications may be a contraindication)
13. Renal colic caused by kidney stones
14. Pregnancy
15. Evidence of neurosis, recklessness, accident proneness or panicky behavior
16. Metal pins, plates or devices implanted in the body
17. Abnormal findings on drug screening. (i.e. testing positive on D.O.T. SAMSHA Panel 5 screen)

**TEMPORARY DISQUALIFICATION.** Contraindications include:

1. Acute alcoholism or drug intoxication
2. Acute gastrointestinal syndrome
3. Acute infections of skin, upper respiratory, ear, etc.
4. Recent incident of serious decompression sickness

**REMARKS:**

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**PHYSICIAN'S RECOMMENDATION-** check one of the following:

**APPROVAL:** I have thoroughly reviewed the applicant's Medical History form attached herewith. I have thoroughly examined the applicant and attached lab reports as required by this report. I have found no defects which I consider to be incompatible with industrial diving and hyperbaric exposure. **I have found no contraindications to diving .**

**CONDITIONAL APPROVAL:** (No compressed gas dives or chamber runs will be permitted until approval becomes unconditional. State conditional reasons below:)

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**DISAPPROVAL:** The applicant has defects which, in my opinion, clearly would constitute unacceptable hazards to health and safety in diving.

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Physician's Signature Telephone Date

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Physician's Name and Address (Please print)

**Physician's Name and Address Stamp** (Required. A business card may be stapled in lieu of a stamp)



**FOR COLLEGE USE ONLY**

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We have reviewed the **Commercial Diving Medical History** and **Commercial Diving Physician's Examination Report forms** and find the applicant suitable for training in the Marine Diving Technology Program at SBCC. No contraindications to diving.

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Date Office Administrator

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Date Diving Control Board/Instructor

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Date Diving Safety Officer/Director

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Date SBCC/MDT Diving Medical Review Officer