



NOAA 56-57
(6-07)

NOAA DIVING PROGRAM - MEDICAL EVALUATION CHECKLIST

- Working Diver
- Initial Physical
- Scientific Diver
- Periodic Physical

Last Name, First, MI of Applicant Age Exam Date

Purpose:

Line Office Dive Unit Location Work Phone/Fax

NOTE: All Physicals must be reviewed and signed by the applicant/divers Unit Dive Supervisor (UDS) prior to submission to the NOAA Diving Center. If physicals are received at the NDC without signatures or missing test results, processing will be delayed.

A copy of all physical examination reports must be submitted to the Unit Diving Supervisor (UDS), who will forward a copy to the NOAA Diving Center (NDC). Physicals and required analyses must be submitted within 12 months of exam/analysis date.

Physical examinations should be reported on the following:

1. Report of Medical History (form D 2807-History-NOAA (with NOAA tobacco and alcohol fields version)
2. Report of Medical Examination (form DD-2808, Rev. 10-03) completed per NOAA Diving Medical Evaluation Criteria.

All examinations must be completed (attach results) as listed below. UDS will then place a checkmark (✓) on the line next to the test indicating its completion . Reference NOAA Diving Regulations NAO 209-123 Section 7.

| INITIAL EXAMINATION - All Ages | PERIODIC RE-EXAMINATION - All Ages |
|--|---|
| ____ Medical History (Form DD-2807-History-NOAA <u>signed by Primary Healthcare Provider* and Diver</u>) | ____ Medical History (Form DD-2807-History -NOAA <u>signed by Primary Healthcare Provider* and Diver</u>) |
| ____ Complete Physical Exam (Emphasis on neurological and otological components. Form DD-2808 <u>signed by Primary Healthcare Provider*</u>) | ____ Complete Physical Exam (Emphasis on neurological and otological components. (Form DD-2808 <u>signed by Primary Healthcare Provider*</u>) |
| ____ Chest X-ray (<u>Attach interpretation</u> of 14 x 17, PA and lateral) | ____ Complete Blood Count - (CBC) (<u>Attach Lab results</u>) |
| ____ Spirometry (<u>Attach results and interpretation of Spirometry testing</u>) | ____ Urinalysis (<u>Attach lab results</u> - ketones, protein, sugar) |
| ____ Complete Blood Count - (CBC) (<u>Attach Lab results</u>) | ____ Vision (Attach Distant <u>and</u> near vision results) |
| ____ Urinalysis (<u>Attach lab results</u> - ketones, protein, sugar) | ____ Any other testing deemed necessary by the Primary Healthcare Provider* |
| ____ Vision (Attach Distant <u>and</u> near vision results) | |
| ____ Audiogram - (<u>Attach printout from testing equipment</u>) | Exam Schedule: |
| ____ Any other testing deemed necessary by the Primary Healthcare Provider* | thru age 49 every 5 years 50 - 59 every 2 years 60 & older annually |

Age 40 and Older - Include With The Above Examinations:

- ____ **12-Lead Resting EKG** (Attach trace and interpretation)
- ____ **Lipid Screening** (Total cholesterol, HDL, LDL, VLDL, triglycerides, attach lab results)
- ____ **Glucose Screening** (Attach lab results)

* Acceptable Primary Healthcare Providers include a Medical Doctor, Physician's Assistant, Nurse Practitioner, and Osteopath.

*I have reviewed the attached physical examination report and consider it to be complete. There are no obvious omissions nor inconsistencies with the NOAA Diving Medical Evaluation criteria. **This form must be signed by the individual's Unit Dive Supervisor!***

Signature of UDS & Date

Approval by NDC Representative