

OBSERVER DIVER MEDICAL HISTORY REPORT

NOTE: This form is to only be used by divers desiring to be temporarily certified as NOAA Observer Divers. All other NOAA divers should not use this form to report any medical information, but should use the appropriate forms listed in the NOAA Diving Program Regulations.

1. NAME (Last, First M.I.)		2. SOCIAL SECURITY NUMBER		3. DATE OF EXAM	
4. AGENCY		5. DIVING UNIT		6. WORK PHONE	
7. DATE OF BIRTH	8. AGE	9. SEX ____MALE ____FEMALE		10. WORK ADDRESS	
11. CURRENT MEDICATION & DOSAGE				12. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS	
13. PRESENT HEALTH				15. RATING OR SPECIALTY OF EXAMINER	
14. ALLERGIES (List All)					

16. PAST/CURRENT MEDICAL HISTORY (*Do you have or have you ever had the following*)

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
Trouble with your ears, including ruptured ear drum, difficulty clearing your ears, or surgery			Heart disease or high cholesterol			Surgery of any kind (if yes, explain below)		
			Diabetes mellitus			Hospitalization for any reason (if yes, explain below)		
Decompression sickness, embolism, or other diving malady			Anatomical heart abnormalities including patent foramen ovale, valve problems, etc			Take any medications (list above)		
			Heart rhythm problems			Allergic to any medications, foods, or environmental factors (list above)		
Depression, anxiety, claustrophobia, or any other psychiatric disorder			Need for a pacemaker			Smoke (if yes, how much)		
			Difficulty with exercise			Drink alcoholic beverages (how much)		
Eye surgery			High blood pressure			Family history of high cholesterol		
Loss of consciousness for any cause			Collapsed lung			Family history of heart disease or stroke		
Epilepsy, or other seizures, convulsions, or fits			Asthma			Family history of diabetes		
Stroke or any neurological deficit			Exposed to a person with tuberculosis (TB), or have persistent cough, sweats, or weight loss			Family history of asthma		
						Substance abuse, including alcohol		
Recurring neurologic disorders, including transient ischemic attacks			Tuberculosis or positive TB test			Use any illegal substances		
Aneurysms or bleeding in the brain			Other lung diseases			Thyroid trouble		
Trouble with dizziness			Pregnancy			Bone, joint, or other deformity		
Head injury			Date of last menstrual period:					
Disorders of the blood or easy bleeding								

17. EXPLAIN IN DETAIL "YES" ANSWERS TO ANY OF THE ABOVE QUESTIONS

I certify that the above answers and information represent a true, accurate, and complete description of my medical history.

18. TYPED OR PRINTED NAME OF PATIENT	19. SIGNATURE	20. DATE
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21. EXAMINER SUMMARY OF DEFECTS

Signature certifies the examiner has reviewed the above medical history and found no contraindications to scuba diving.

22. TYPED OR PRINTED NAME OF EXAMINER	23. SIGNATURE	24. DATE
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