U.S. FISH AND WILDLIFE SERVICE

SCUBA DIVING MEDICAL EXAMINATION FORM

INSTRUCTIONS

EMPLOYEE:

1. Before your scheduled physical examination, please complete all questions in Sections A and B on Page 3.
2. If you have any positive answers in the medical history section, please explain fully.
3. Incomplete forms may result in delay of approval for Service underwater diving activities.
4. Sign and date in the spaces provided.
5. Take the entire package (FWS Forms 3-2224 and 3-2224-A) to the examining physician.

6.** When complete and returned to you by the physician, send the entire package to your Regional Dive Officer.

7. Use this form for any medical examination used to qualify for underwater diving. If a combined examination (e.g., Diver and Law Enforcement) is needed, please use an alternative form, such as DOI's "Standard Medical History and Examination Form" 6-27-2000 (found on the DOI SafetyNet web page at http://safetynet.smis.doi.gov).

ATTENDING PHYSICIAN: The purpose of this examination is to determine employee fitness for working in hyperbaric conditions underwater (SCUBA diving). The minimal laboratory requirements per are as follows:

Initial (baseline) examination under age 40:
* Medical History
* Complete Physical Exam, emphasis on neurological and otological components
* Chest X-ray
* Spirometry
* Hematocrit or Hemoglobin
* Urinalysis
* Audiometry

Periodic re-examination under age 40 (every 5 years):
* Medical History
* Complete Physical Exam, emphasis on neurological and otological components
* Hematocrit or Hemoglobin
* Urinalysis
* Audiometry

Initial (baseline) exam over age 40:
* Medical History
* Complete Physical Exam, emphasis on neurological and otological components
* Assessment of coronary artery disease using Multiple-Risk-Factor Assessment1 (age, lipid profile, blood pressure, diabetic screening, smoker)
* Resting EKG
* Chest X-ray
* Spirometry
* Urinalysis
* Hematocrit or Hemoglobin
* Audiometry

Periodic re-examination over age 40 (every 3 years); over age 60 (every two years):
* Medical History
* Complete Physical Exam, emphasis on neurological and otological components
* Assessment of coronary artery disease using Multiple-Risk-Factor Assessment1 (age, lipid profile, blood pressure, diabetic screening, smoker)
* Resting EKG
* Urinalysis
* Hematocrit or Hemoglobin
* Audiometry

The following diagnostic health procedures must be included as well:

Color Discrimination - Baseline Only
Lab Panel (sickle cell prep, blood type and group) - Baseline Only
Best Corrected and Uncorrected Near Vision Acuity - Both
Best Corrected and Uncorrected Far Vision Acuity - Both

FWS 3-2224
Rev 12/05

PLEASE:

1. Review the Functional Requirements Section C (Page 3), complete all portions of Section D (Page 4), and complete Section 2 of the Physician's Qualification Statement (FWS Form 3-2224-A).
2. Provide complete explanations/clarifying information for all findings not in the normal range.
3. Return this package including hard copies of test results (lab, spirometry, audiometry, EKG, etc.) and any additional reports/forms to the employees Regional Dive Officer.

IMPORTANT: The following medical conditions (current or past) may be considered a contraindication to an employee participating in underwater diving activities: Epilepsy, pregnancy*, lung cysts, severe and uncontrolled allergies, and angina/heart attack.

* Diving will generally be deferred for employees that are pregnant. Consult with the attending or reviewing physician.

NOTE: Per 5 CFR 339.104, you are authorized to request additional medical information from employee's personal physician, such as: history of any medical conditions; clinical findings; diagnosis/prognosis; narrative explanations of conclusions which indicate the employee is able to carry out the tasks or duties for a specific activity. Each potentially disqualifying medical condition will be evaluated on a case-by-case basis.

REGIONAL DIVE OFFICER:

Please forward the entire package including hard copies of all tests (lab, spirometry, audiometry, EKG, etc.) to the reviewing physician (if attending physician is not hyperbaric trained). Once the reviewing physician has completed their review, a copy of the Physician's Qualification Statement (FWS Form 3-224-A) will be returned to the RDO. RDO's will ensure that a copy of the Physician's Qualification Statement (FWS Form 3-224-A) is placed into the individual diver's personal medical file. The reviewing physician will act as the custodian for all files until instructed otherwise. In the case that the attending physician is hyperbaric trained, they will maintain medical information. If the physicians office is not to maintain this information, have all information sent to the servicing personnel office.

Privacy Act Information

The collection and use of this information are consistent with the provisions of 5 U.S.C. 552a (the Privacy Act of 1974). This information is sensitive and protected by the Privacy Act. It is only available to staff on a need to know basis. Electronic material must be password protected and must not be used except in accordance with routine uses identified in "OPM/GOVT-10, Employee Medical File System Records". Paper records must be similarly used and protected in a locked file or room that is available only to staff who have a need to know this information and in accordance with OPM/GOVT-10.

SCUBA DIVING MEDICAL EXAMINATION FORM

A. Employee Information (Employee)

Name/Address of Agency:		
Employee Name:	Job Title:	SS#:
Address:	Work Location:	Region:
	Home Phone:	Work Phone:
Date of Exam:	Date of Birth:	Gender: Male ❑ Female ❑

B. Medical History (Employee)

If you answer "Yes" to any question, please provide explanation.	NO	YES	When/Where/Details if "Yes"
1. Do you currently take any medications? If so, list ALL (including prescriptions, non-prescriptions, vitamins, herbs, and inhalers).			
2. Have you ever used tobacco? If so, list type, amount per day, and years used.			
3. Do you consume alcohol? If so, list average consumption per week.			

4. Which of the following conditions have you ever had?

☐ Allergies (Specify ______________________________

☐ Anemia ☐ High Blood pressure ☐ Decompression Sickness
☐ Asthma ☐ Head injury
☐ Bronchitis/Emphysema ☐ Kidney disease ☐ Stroke
☐ Cancer history ☐ Loss of consciousness ☐ Depression
☐ Claustrophobia ☐ Migraines ☐ High Cholesterol
☐ Collapsed lung ☐ Positive TB skin test ☐ Vertigo
☐ Diabetes ☐ Lung cysts
☐ Heart attack/angina ☐ Ruptured ear drum
☐ Heart murmur ☐ Seizures
☐ Hepatitis ☐ Thyroid trouble
☐ Herniated disc ☐ Epilepsy

Describe checked items:

5. Which of the following have you experienced in the last year?

☐ Fever > 100 deg. ☐ Shivering/chills
☐ Generalized weakness ☐ Unexplained weight loss/gain
☐ Excessive fatigue ☐ Swollen glands
☐ Loss of appetite ☐ Change in vision
☐ Difficulty hearing ☐ Sinus trouble
☐ Nosebleeds ☐ Chest pain/pressure
☐ Irregular heartbeat ☐ Shortness of breath
☐ Headaches ☐ Dizziness/passing out
☐ Hyperventilation

Describe checked items:

6. Is there a family history of the following:

☐ High Cholesterol ☐ Heart Disease/Stroke ☐ Diabetes ☐ Asthma

7. Inoculation/Tests:
☐ Tetanus booster; year given: _________, ☐ Chest xray; year given: __________,
☐ Hepatitis B vaccine; year given ______; number of shots received: _____; year vaccination completed ________

	NO	YES	
8. Have you ever been hospitalized?			
9. Have you ever had surgery?			
10. Do you participate in hobbies/activities? If so, please list.			
11. Have you experienced difficulties with previous diving?			

12. Employee Signature: 13. Date:

C. Functional Requirements (Required in SCUBA Diving Activities)

Employee Name: ________________________________

- ❖ Heavy Lifting - 45 lbs. and over
- ❖ Use of Fingers
- ❖ Both Legs Required
- ❖ Hearing Without Aid
- ❖ Ability for Rapid Mental and Muscular Disease Coordination Simultaneously
- ❖ Heavy Carrying - 45 lbs. and over
- ❖ Both Hands Required
- ❖ Both Eyes Required
- ❖ Free of Cardiovascular and Respiratory
- ❖ Reaching Over Shoulder
- ❖ Climbing, Use of Legs and Arms
- ❖ Far Vision Correctable in One Eye to 20/50, and to 20/100 in the Other
- ❖ Mental and Physical Stress
- ❖ Working in Hyperbaric Conditions Underwater

D. Attending Physician (Physician)

NOTE: The employee you examine will have to cope with the functional requirements and environmental factors listed above (Part C). Please take them, along with the work activity (SCUBA diving), into consideration as you make your examination and report your findings and conclusions.

Baseline Exam:_________ Periodic Exam:__________

1. Height: _________ Feet _________ Inches	2. Weight: ___________ Pounds
3. Eyes: a) Near vision (Snellen) Without glasses: Right 20/ Left 20/ Both 20/ With glasses: Right 20/ Left 20/ Both 20/ b) Far vision (Snellen) Without glasses: Right 20/ Left 20/ Both 20/ With glasses: Right 20/ Left 20/ Both 20/	4. Color Vision: Is color vision normal when Ishihara or other color plate test is used? ❑ Normal ❑ Abnormal Number of Correct: ___ of ____ tested. If not, can employee pass lantern, yarn, or other comparable test? ❑ No ❑ Yes Can individual see Red/Green/Yellow? ____ Yes ____ No
c) What is the longest and shortest distance at which Jaeger No. 2 type can be read by the employee? Test each eye separately = Without glasses: R. ____ in. to ____ in.; L. ____ in. to ____ in. With glasses: R. ____ in. to ____ in.; L. ____ in. to ____ in.	5. Ears: Audiometer Test: 250 500 1000 2000 3000 4000 5000 6000 7000 8000 Left: Right:

6. Other Findings: In Items a through l briefly describe any *abnormality* (including diseases, scars, and disfigurations); please also indicate if normal. Include brief history, if permanent.

a. Eyes, Ears, Nose, and Throat		b. Head and Back
c. Speech		d. Skin and Lymph Nodes
e. Abdomen		f. Peripheral Blood Vessels
g. Extremities		h. Urinalysis (if indicated) Sp. Gr. __________ Sugar __________ Blood _________ Albumen _________ Casts __________ Pus __________
i. Respiratory Tract (Spirometry): FEV1 ______ (% predicted) FVC ______ (% predicted) FEV1/FVC Ratio _______	j. Respiratory Tract (X-ray if indicated):	k. Chest X-Ray (baseline only if recent x-ray not available)

l. Heart (size, rate, rhythm, function) Blood Pressure ____________ Pulse ______ EKG ____________ (to anyone 40 or older - baseline).

m. Back (special consideration since diving activities require heavy lifting and strenuous duties).

n. Neurological and Mental Health (e.g., claustrophobia, suicidal ideation, Psychosis, anxiety disorders, untreated depression, etc.):

FINDINGS: Note any condition which would limit or exclude the employee participating in SCUBA diving work activities. If none, please indicate.

❑ No Limiting Conditions ❑ Limiting Conditions: ❑ Not Recommended for Diving

Physician Signature:	Date Completed:
Office Address:	Office Telephone:

***** PLEASE COMPLETE SECTION B OF THE "PHYSICIAN'S QUALIFICATION STATEMENT" *****