



Dear Parent/Guardian,

Thank you for enrolling your child in a Scuba & Snorkel camp, conducted by Seattle Scuba Schools through your local YMCA branch. Below is the info specific to our program including paperwork to be submitted prior to camp and a tentative schedule for the week. Please review the information carefully so things can run smoothly and we can jump right into the program on day one.

Attached are two standard liability and medical statement forms that need to be fully completed and returned to the YMCA contact person for the program **before** camp begins. Also included is a second medical statement and physicians release form that you may need, see below for details. **If the forms are not fully completed and in our possession by the first day of camp we will be unable to let participants even get in the water, so please double check everything.**

Safety is a number one rule in our programs, and we have conducted programs with YMCAs for over 15 years with zero incidents of any kind, but the release forms are to advise you of possible risks and of medical conditions that might be incompatible with diving.

#### Forms:

1. The first form is entitled: "PADI Seal Team Statement". Please fill out the upper portion with your child's information, including their birthdate and your contact info. The lower portion of the form is a medical questionnaire, you have to answer **yes** or **no** for each question pertaining to your child's health. If any answer is a yes, it does not mean that your child cannot participate in the program, but a physicians approval must be completed **prior** to your child getting in the water to make sure it is safe for them to participate. See # 3 below.
2. The second form is entitled: "PADI Seal Team Assumption of Risk and Liability Release Agreement". Please review this form with your child so that you are both informed as to the possible risks of Scuba diving. You need to fill in your full printed name as parent/guardian twice on the form, and your child's name must be printed twice on the form, then you must both sign and date the bottom portion of the form.
3. If on the "PADI Seal Team Statement" your child's health history includes any yes answers, you and your child must complete the first page of form #4, as well as the upper portion of the second page. Your child's physician must check the box on the second page that states "I find no conditions incompatible with diving" and sign below that. The pages behind that are general information about why certain conditions might interfere with diving, these are for your child's physicians reference.
4. Please double check that you have fully completed # 1, #2, and # 3 (if needed), then return to your YMCA contact person for your program.

**Swimming Ability:** We are often asked what swimming ability level is required to participate. The answer is that Seattle Scuba has no specific requirement. If your child hates the water and doesn't like pools, this program is probably not for them :-), but otherwise we have worked with participants of all swimming abilities.

#### Age Requirement:

Participants must be at least 8 years old on the first day of camp. The YMCA is aware of this and should reject the registration of any participant who doesn't meet the age requirement, but if any campers end up in the program and have not yet turned 8, we **cannot** include them in the activities due to national Scuba

standards, so please respect this age limit. The upper age limit is up to the YMCA, we focus our program at the 8 – 12 as the age range, but those a year or so older are still welcome if the YMCA allows.

**Photo Information:**

We will be taking pictures of participants during the camp for the families, if you provide us with a valid email address on form #1 we will email those to you along with updates during the week of camp. There is a permission statement on the “PADI Seal Team Statement” for whether you would permit any future use of those pictures.

**Things for your camper to bring:** In addition to whatever the YMCA recommends for their camps, please ensure that your child brings a swimsuit and towel. It is also a good idea if they can bring an extra pair of socks that they can wear in the pool, participants will be wearing fins during the program, and the socks help the fins feel more comfortable. They also may bring a rashguard shirt if they own one, but it is certainly not required. Please be sure to check with the YMCA office as to whether your child needs to bring lunch or anything else to the program. The in water time is conducted by Seattle Scuba, but depending on the camp, the out of water time may be formatted differently.

**Tentative 2009 Kid Camp Schedule** – This will vary depending on number of participants, facility and other logistics, but this is the general scheduled.

Day 1: Pool Safety. Buddy system. Snorkeling: Equipment donning and adjustment. Mask defogging. Proper hand signals. Swimming with fins. Proper snorkel breathing. Surface dive practice. Underwater swim through courses. Meet our friends the Orca and Shark. Play time.

Day 2: Snorkeling: Upside down egg race game. Snorkel vest use. Buddy procedures and assistance. Proper ascents from surface dives. Dive toys games. Toypedo catch game. Play time. SCUBA: Introduction. The most important rule of diving. Proper breathing. Ear equalizing.

Day 3: Snorkeling: No hands ball races. More diving games. Play Time. SCUBA: Mask equalizing. Pressure gauge signaling. Regulator retrieval and purging. Blowing bubbles signals.

Day 4: Snorkeling: How to blast clear the snorkel. Marine life hand signals. Play time. SCUBA: Buoyancy control and practice. Hovering like an astronaut. Surface swimming on scuba. Blast clear regulator.

Day 5: Snorkeling: Review of favorite activities. Games and playing. SCUBA: Alternate Air Source use. Tired Buddy towing. Cramp removal.

For general logistics the YMCA should be your primary contact, but if you have any questions about the in water portion of Scuba & Snorkel camp, please don't hesitate to contact me.

We look forwards to being a part of your family's summer,

Heidi Wilken  
Instructor  
Director of Youth Programs  
Scuba Schools

Phone: 206 284 2350  
heidi@seattlescuba.com



# PADI Seal Team Statement

## Participant Record (confidential information)

A valid email address lets us send you updates during camp and underwater pictures of your child.  
**PLEASE PRINT CLEARLY.**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

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

Home Phone (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

**Emergency contact** \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

Secondary Phone (\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

**PHOTO RELEASE: I authorize Seattle Scuba and the YMCA to have my child's photo appear in brochures and other promotional material for future educational programs. Yes No Signature of parent of guardian: \_\_\_\_\_**

## MEDICAL QUESTIONNAIRE

**To the participant and parent:** Please answer YES or NO to any of the following items to accurately reflect the participant's past medical history or present medical condition. A YES answer to any of these items requires that a participant obtain written medical approval **before** being allowed to participate in scuba diving activities. If this applies, please ask for a Medical Statement (#10063) to take to the physician.

Yes  No I am currently suffering from a cold or congestion.

Yes  No I have a history of respiratory problems or disease.

Yes  No I have had asthma, emphysema or tuberculosis.

Yes  No I currently have an ear infection.

Yes  No I have recurrent ear problems, ear disease or surgery.

Yes  No I have a history of sinus problems.

Yes  No I have had problems equalizing (popping) my ears with airplane or mountain travel.

Yes  No I am diabetic.

Yes  No I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack).

Yes  No I have a history of seizures, dizziness or fainting.

Yes  No I have a nervous system disorder.

Yes  No I have behavioral health, mental or psychological disorders (panic attack, fear of closed or open spaces).

Yes  No I have recurrent back problems, history of back or spinal surgery.

Yes  No I am currently taking prescription medication that carries a warning about impairment of physical and mental abilities (with the exception of anti-malarial).

Yes  No I have recently had an operation or illness.

Yes  No I am under the care of a physician or have a chronic illness.

**Note: If you need to answer YES to any of the above, your physician must sign a medical release. See forms # 3 & 4.**  
— over —

## PADI SEAL TEAM ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT

Please read carefully and fill in all blanks before signing.

I, \_\_\_\_\_, parent/guardian and \_\_\_\_\_, participant, hereby affirm that we are aware of and understand there are inherent hazards associated with skin diving and scuba diving which may result in serious injury or death.

We understand there are certain risks associated with aquatic activities conducted in and around a swimming pool or confined water dive site, and we expressly assume the risk of said injuries.

We understand the PADI Seal Team program is a series of AquaMissions which will be conducted in a swimming pool or confined water dive site. We understand that my child may choose to participate in one or all of these AquaMissions. These AquaMissions include, but are not limited to, five (5) core AquaMissions involving the introduction of basic dive skills and ten (10) specialty AquaMissions including, but not limited to, Creature ID Specialist, Environmental Specialist, Inner Space Specialist, Navigation Specialist, Night Specialist, Search and Recovery Specialist, Skin Diver Specialist, Snapshot Specialist, Team Safety Specialist and Wreck Specialist We understand and agree that this Release encompasses and applies to all the PADI Seal Team AquaMissions, as described above, in which my child chooses to participate.

Further, we hereby state and agree that this Release will be effective and valid for all PADI Seal Team activities in which my child participates for a period of one year from the initial date on which I execute this Release.

We understand that diving with compressed air involves certain inherent risks and my child will be exposed to these risks. Decompression sickness, embolism or other hyperbaric injuries can occur which require treatment in a recompression chamber. We further understand that this activity may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. We still choose to proceed with this activity in spite of the absence of a recompression chamber in proximity to the activity site.

We understand and agree that neither the dive professionals conducting this activity, nor the facility through which this activity is conducted, \_\_\_\_\_, nor International PADI, Inc., nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to my child, me, my family, our heirs or assigns that may occur as a result of my child's participation in this activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

We further understand that scuba diving is a physically strenuous activity and that my child will be exerting him/herself during this activity and that if my child is injured as a result of heart attack, panic, hyperventilation, etc., that we expressly assume the risk of said injuries to my child. We affirm that we will not hold the above listed individuals or companies responsible for the same.

In consideration of my child being allowed to participate in this activity we hereby personally assume all risks in connection with the activity for any harm, injury or damage that may befall my child while participating in the activity, including all risks connected therewith, whether foreseen or unforeseen.

We further release and hold harmless said activity and the Released Parties from any claim or lawsuit by my child, me, or my family, or our estate, heirs or assigns, arising out of my child's participation in this activity.

We understand and agree this Release is divisible, and any portion herein held to be in violation of any applicable statutes or regulations or any governmental agency having jurisdiction shall affect only that portion held to be invalid or inoperative, and the remaining portions of this Release shall remain in full force and effect.

I further state that I am of lawful age and legally competent to sign this Assumption of Risk and Liability Release Agreement, and as the parent am providing written consent for the participation of my child.

We understand that the terms herein are contractual and not a mere recital and that we have signed this Release of our own free act.

I, \_\_\_\_\_, PARENT/GUARDIAN AND \_\_\_\_\_, PARTICIPANT, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

WE HAVE FULLY INFORMED OURSELVES OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF, MY CHILD, AND OUR HEIRS.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date (day/month/year)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (day/month/year)



# MEDICAL STATEMENT



## Participant Record (Confidential Information)

www.padi.com

### 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 \_\_\_\_\_ and  
Instructor

\_\_\_\_\_ located in the  
Facility

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 preexisting 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 PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

\_\_\_\_ Could you be pregnant or are you attempting to become pregnant?

\_\_\_\_ Do you regularly take prescription or nonprescription medications?  
(with the exception of birth control)

\_\_\_\_ Are you over 45 years of age *and* have one or more of the following?

- currently smoke a pipe, cigars, or cigarettes
- have a high cholesterol level
- have a family history of heart attacks or strokes

### 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?

\_\_\_\_ Any form of lung disease?

\_\_\_\_ Pneumothorax (collapsed lung)?

\_\_\_\_ History of chest surgery?

\_\_\_\_ Claustrophobia or agoraphobia (fear of closed or open spaces)?

\_\_\_\_ Behavioral health problems?

\_\_\_\_ Epilepsy, seizures, convulsions or take medications to prevent them?

\_\_\_\_ Recurring migraine headaches or take medications to prevent them?

\_\_\_\_ History of blackouts or fainting (full/partial loss of consciousness)?

\_\_\_\_ Do you frequently suffer from motion sickness (seasick, carsick, etc.)?

\_\_\_\_ History of diving accidents or decompression sickness?

\_\_\_\_ History of recurrent back problems?

\_\_\_\_ History of back surgery?

\_\_\_\_ History of diabetes?

\_\_\_\_ History of back, arm or leg problems following surgery, injury or fracture?

\_\_\_\_ Inability to perform moderate exercise (example: walk one mile within 12 minutes)?

\_\_\_\_ History of high blood pressure or take medicine to control blood pressure?

\_\_\_\_ History of any heart disease?

\_\_\_\_ History of heart attacks?

\_\_\_\_ Angina or heart surgery or blood vessel surgery?

\_\_\_\_ History of ear or sinus surgery?

\_\_\_\_ History of ear disease, hearing loss or problems with balance?

\_\_\_\_ History of problems equalizing (popping) ears with airplane or mountain travel?

\_\_\_\_ History of bleeding or other blood disorders?

\_\_\_\_ History of any type of hernia?

\_\_\_\_ History of ulcers or ulcer surgery?

\_\_\_\_ History of colostomy?

\_\_\_\_ History of drug or alcohol abuse?

### The information I have provided about my medical history is accurate to the best of my knowledge.

\_\_\_\_ Participant's Signature

\_\_\_\_ Date (day/month/year)

\_\_\_\_ Signatures of Parent or Guardian (where applicable)

\_\_\_\_ Date (day/month/year)



# GUIDELINES FOR RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION

Instructions to the Physician:

Recreational scuba (self contained underwater breathing apparatus) diving has an excellent safety record. To maintain this status it is important to screen student divers for physical deficiencies that could place them in peril in the underwater environment.

The Recreational Scuba Diver's Physical Examination contains elements of medical history, review of systems and physical examination. It is designed to detect conditions that put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent cerebral gas embolization and loss of consciousness that could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, cope with the optical effects of water and have a reserve of physical and mental abilities 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 contraindications, relative and absolute, is not all inclusive. It contains the most commonly encountered medical problems only. The brief introductions should serve to alert the physician to the nature of medical problems that put the diver at risk, and (lead him) to consider the individual patient's state of health.

Diagnostic studies and specialty consultations should be obtained as indicated to satisfy the physician as to the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians at the Divers Alert Network (DAN) 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.

Some conditions are absolute contraindications to scuba diving. Conditions that are absolute contraindications place the diver at increased risk for injury or death. Others are relative contraindications to scuba that may be resolved with time and proper medical intervention. Ultimately the physician should decide with the individual, based on his knowledge of the patient's medical status, whether the individual is physically qualified to participate in scuba diving.

Remember at all times that scuba is a recreational sport, and it should be fun, not a source of morbidity or mortality.

## CARDIOVASCULAR SYSTEMS

**Relative Contraindications:** The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. The diagnoses listed 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 is disqualifying. Conditioning and retesting may make later qualification possible.

- **History of CABG or PCTA for CAD**
- **History of myocardial infarction**
- **Hypertension**
- **History of dysrhythmias requiring medication for suppression**
- **Valvular regurgitation**
- **Asymptomatic mitral valve prolapse**
- **Pacemakers** – The pathologic process that necessitated pacing should be addressed regarding the fitness to dive. Finally 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 (to depths of 130 feet of sea water).

**Absolute Contraindications:** Venous gas emboli produced during decompression may cross **intracardiac shunts** and enter the cerebral circulation with potentially catastrophic results. **Asymetric septal hypertrophy** and **valvular stenosis** may lead to the sudden onset of unconsciousness during exercise.

- **Congestive heart failure**

## PULMONARY

Any process or lesion that impedes air flow 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), COPD cystic or cavitating lung diseases all may lead to air trapping. Spirometry, provocative tests such as methacholine challenge and other studies to detect air trapping should be carried out to establish to the examining physician's satisfaction that the diver is not at risk. A **pneumothorax** that occurs or recurs while diving is catastrophic. As the diver ascends, air trapped in the cavity expands rapidly producing a **tension pneumothorax**.

**Relative Contraindications:**

- **History of prior asthma or reactive airway disease (RAD)\***
- **History of exercise/cold induced bronchospasm (EIB)\***
- **History of solid, cystic or cavitating lesion\***
- **Pneumothorax secondary to:** thoracic surgery,\* trauma or pleural penetration,\* previous overinflation injury\*
- **Restrictive Disease\*\***

(\*Air Trapping must be excluded) (\*\*Exercise Testing necessary)

**Absolute Contraindications:**

- Active RAD (asthma), EIB, COPD or history of the same with abnormal PFT's or positive challenge
- Restrictive diseases with exercise impairment
- History of spontaneous pneumothorax

**NEUROLOGICAL**

Neurologic abnormalities that affect a diver's ability to perform exercise should be assessed individually based on the degree of compromise involved.

**Relative Contraindications:**

- Migraine headaches whose symptoms or severity impair motor or cognitive function
- History of head injury with sequelae other than seizure
- Herniated nucleus pulposus
- Peripheral neuropathy
- Trigeminal neuralgia
- History of spinal cord or brain injury without residual neurologic deficit
- History of cerebral gas embolism without residual pulmonary air trapping has been excluded
- Cerebral palsy in the absence of seizure activity

**Absolute Contraindications:** Abnormalities where the level of consciousness is subject to impairment put the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired are at increased risk of spinal cord or cerebral decompression sickness.

- History of seizures other than childhood febrile seizures
- Intracranial tumor or aneurysm
- History of TIA or CVA
- History of spinal cord injury, disease or surgery with residual sequelae
- History of Type II (serious and/or central nervous system) decompression sickness with permanent neurologic deficits

**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 mouth piece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

**Relative Contraindications:**

- 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

#### **Absolute Contraindications:**

- Monomeric TM
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- History of round window rupture
- 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

### **GASTROINTESTINAL**

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

- Peptic ulcer disease
- Inflammatory bowel disease
- Malabsorption states
- Functional bowel disorders
- Post gastrectomy dumping syndrome
- Paraesophageal or hiatal hernia

**Absolute Contraindications:** 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 diver surfaces and can lead to rupture or in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

- High grade gastric outlet obstruction
- Chronic or recurrent small bowel obstruction
- Entero-cutaneous fistulae that do not drain freely
- Esophageal diverticula
- Severe gastroesophageal reflux
- Achalasia
- Unrepaired hernias of the abdominal wall potentially containing bowel

### **METABOLIC AND ENDOCRINOLOGICAL**

**Relative Contraindications:** 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. Generally divers with altered hormonal status should be in as near an optimal physiologic state as is possible. It should be noted that obesity predisposes the individual to decompression sickness and is an indicator of poor overall physical fitness.

- Hormonal excess or deficiency
- Obesity
- Renal insufficiency

**Absolute Contraindications:** The potentially rapid change in level of consciousness associated with hypoglycemia in **diabetics on insulin therapy or oral anti-hypoglycemia medications** can result in drowning. Diving is therefore contraindicated.

### **PREGNANCY**

Venous gas emboli formed during decompression may result in fetal malformations. **Diving is absolutely contraindicated during any stage of pregnancy.**

## HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may increase the risk of decompression sickness.

### Relative Contraindications:

- Sick cell trait
- Acute anemia

### Absolute Contraindications:

- Sick cell disease
- Polycythemia
- Leukemia

## ORTHOPEDIC

Relative impairment of mobility particularly in the small boat environment or ashore with equipment weighing up to 40 pounds must be assessed. The impact of exercise ability is also an important consideration.

### Relative Contraindications

- Chronic back pain
- Amputation
- Scoliosis – must also assess impact on pulmonary function
- Aseptic necrosis – possible risk of progression related to adequacy of decompression

## BEHAVIORAL HEALTH

**Behavioral:** The diver's mental capacity and emotional makeup 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 about him in the underwater environment. The student's motivation to learn scuba and his ability to deal with potentially dangerous situations is also crucial to safe diving.

### Relative Contraindications:

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

### Absolute Contraindications:

- Inappropriate motivation to dive – solely to please spouse or partner, to prove oneself in the face of personal fears
- Claustrophobia and agoraphobia
- Active psychosis or while receiving psychotropic medications
- History of panic disorder
- Drug or alcohol abuse

## BIBLIOGRAPHY

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## ENDORSERS

Paul A. Thombs, M.D.  
Medical Director  
Hyperbaric Medical Center  
St. Luke's Hospital, Denver, CO

Keith Van Meter, M.D., F.A.C.E.P.  
Assistant Clinical Professor of Surgery  
Tulane University School of Medicine

Peter Bennett, Ph.D., D.Sc.  
Duke University Medical Center  
Durham, NC

Robert W. Goldmann, M.D.  
St. Luke's Hospital  
Milwaukee, WI

Richard E. Moon, M.D., F.A.C.P., P.C.C.P.  
Departments of Anesthesiology and Pulmonary Medicine  
Duke University Medical Center  
Durham, NC

Paul G. Linaweaver, M.D., F.A.C.P.  
Santa Barbara Medical Clinic  
Undersea Medical Specialist

Roy A. Myers, M.D.  
MIEMS  
Baltimore, MD

James Vorosmarti, M.D.