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## **MEDICAL FITNESS TO DIVE**

As a Diving Ireland Member, you are required to complete a diver self-declaration of health form

1. Upon joining
2. At each medical examination
3. Annually when renewing Dive Ireland membership
4. Or if a diver's health status or medical treatment has changed

The annual declaration is completed online on Diving Ireland's Go Membership platform.

A new declaration has to be made in the event of a medical condition arising during the interval between annual self-declarations.

If you answer YES to any question on the online declaration the form is automatically referred to the Diving Ireland Medical officer

If you answer YES on any other occasion the Dive Ireland Medical Officer has to be notified. If you answer YES at a medical examination the examining doctor cannot issue you with a medical certificate of fitness to dive without first notifying Dive Ireland.

## **TO EXAMINING DOCTORS**

Diving Ireland is affiliated to the UKDMC. All information and standards pertaining to this dive medical are on their website, [www.ukdmc.org](http://www.ukdmc.org) Please consult these guidelines when approving a person to dive. Please be aware of those conditions that are contraindications to scuba diving. Diving in Ireland is generally a safe adventure activity because of the high standards of training and diving standards set by Diving Ireland and but also by the exclusion of people who have medical conditions that would render them unsafe to dive. The medical declaration has to be completed at medical examination in the presence of examining doctor.

Deviation from the UKDMC standard is not allowed without the permission of Diving Ireland. Examining doctor should ensure that they have professional indemnity to undertake fitness to dive medicals.

Dive Ireland's Medical Officer is always available to assist you and answer your queries.

The email address is [medical@diving.ie](mailto:medical@diving.ie)

### **The current requirements for a medical examination are as follows**

- Upon joining
- 3 yearly from the age of 35
- Yearly from age 55
- Or if a diver's health status or medical treatment has changed

New divers should not commence diving training and existing divers should not dive until they have completed this medical declaration or had a medical examination confirming fitness to dive.

Fees for a medical examination are the responsibility of the diver.

NOTES TO DIVER: It is necessary for members of Diving Ireland to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely provided they are reasonably fit.

**IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION COULD INVALIDATE YOUR INSURANCE. YOU MUST DECLARE ANY MEDICAL PROBLEM PAST OR PRESENT OR ANY CHANGE IN HEALTH AS THIS MAY AFFECT YOUR FITNESS TO DIVE.**

|                                            |                                                                                                                                                                     |  |               |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|
| Name                                       | Date of birth                                                                                                                                                       |  |               |
| Address                                    | Postcode                                                                                                                                                            |  |               |
| Club and Number                            | Occupation                                                                                                                                                          |  |               |
| <b>HAVE YOU EVER HAD OR SUFFERED FROM?</b> |                                                                                                                                                                     |  | <b>YES NO</b> |
| 1                                          | Diseases of the heart and circulation including high blood pressure (or taking tablets for high blood pressure), angina, chest pains or palpitations?               |  |               |
| 2                                          | Chest or heart surgery?                                                                                                                                             |  |               |
| 3                                          | Significant bleeding or blood disorders?                                                                                                                            |  |               |
| 4                                          | Asthma, chronic obstructive airways disease or ever used an inhaler?                                                                                                |  |               |
| 5                                          | Collapsed lung, pneumothorax or other lung injury?                                                                                                                  |  |               |
| 6                                          | Any other problem affecting the lungs, suspected or known COVID-19 or tested positive for COVID-19?                                                                 |  |               |
| 7                                          | Blackouts, fainting or recurrent dizziness?                                                                                                                         |  |               |
| 8                                          | Abdominal surgery, ileostomy, colostomy or repair of a hiatus hernia?                                                                                               |  |               |
| 9                                          | Epilepsy or fit?                                                                                                                                                    |  |               |
| 10                                         | Recurrent migraines?                                                                                                                                                |  |               |
| 11                                         | Disease of the brain or nervous system (including strokes or multiple sclerosis)?                                                                                   |  |               |
| 12                                         | Back or spinal surgery or any serious back problems?                                                                                                                |  |               |
| 13                                         | Psychological illness of any kind, fear of small spaces, suicidal thoughts or panic attacks?                                                                        |  |               |
| 14                                         | Diabetes?                                                                                                                                                           |  |               |
| 15                                         | Cancer, malignant disease or a tumour?                                                                                                                              |  |               |
| 16                                         | A requirement for any prescribed medication (except the contraceptive pill)?                                                                                        |  |               |
| 17                                         | Decompression illness, immersion induced pulmonary oedema or other diving related problem?                                                                          |  |               |
| 18                                         | Have you had regular ear problems in the past ten years?                                                                                                            |  |               |
| 19                                         | Have you had a head injury with loss of consciousness in the past 5 years?                                                                                          |  |               |
| 20                                         | Have you had any problem with alcohol or drug abuse in the last five years?                                                                                         |  |               |
| 21                                         | Have you ever been refused a diving medical certificate or life insurance or been offered special terms?                                                            |  |               |
| 22                                         | Are you currently receiving medical care or have you consulted a doctor in the last year other than for mild self-limiting illnesses that have completely resolved? |  |               |
| 23                                         | Are you concerned about any other medical issue that has not been covered by the questions on this page?                                                            |  |               |

|                                                                                                                                                                                 |         |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|
| I, the subject of this medical, am signing to certify that I have declared everything and understand that failure to do so may put myself and/or buddy at risk of harm or death | Signed: | Date: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|

**Divers who tick "YES" to any question must seek the advice of the Diving Ireland Medical Officer**

**IF YOU THINK YOU MAY BE PREGNANT OR ARE TRYING TO GET PREGNANT SEEK ADVICE ABOUT THE IMPLICATIONS FOR DIVING.**

**SECTION B: TO BE COMPLETED BY THE MEDICAL EXAMINER**

**Medical Examination**

| Height                                                                                                                                             | Weight | Visual Acuity<br>R6/      Corrected 6/<br>L6/      Corrected 6/                                                                       | Blood pressure                                                                                                                                                                                             | Pulse<br>bpm.<br>Regular<br>Irregular |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Urinalysis</b><br>Glucose<br>Protein<br>Blood<br><br><b>BMI</b> less than 30<br>– if over 30 please consult with Diving Ireland Medical Advisor |        | PEFR    l/min &    % of expected PEFR<br><br><b>All asthmatics must have respiratory function tests as per UKDMC /BTS guidelines.</b> | Chest X-Ray (If indicated)<br>Date<br>Place<br><br>Result<br><b>Cardiovascular Risk score</b> ( <a href="http://www.escardio.org">www.escardio.org</a> <b>SCORE</b> )<br>If IHD score elevated investigate |                                       |

**If clinical examination abnormal, enter in diver's logbook and on certificate**

| Clinical Examination / Assessment                                                                          | Normal | Abnormal | Doctors notes on any abnormality |
|------------------------------------------------------------------------------------------------------------|--------|----------|----------------------------------|
| Nose Septum Airway                                                                                         |        |          |                                  |
| Mouth, throat teeth                                                                                        |        |          |                                  |
| External auditory canal                                                                                    |        |          |                                  |
| Tympanic membrane                                                                                          |        |          |                                  |
| Middle ear auto-inflation                                                                                  |        |          |                                  |
| Neurological<br>Eye movements<br>Pupillary reflexes<br>Limb Reflexes<br>Finger – nose<br>Sharpened Romberg |        |          |                                  |
| Abdomen                                                                                                    |        |          |                                  |
| Chest                                                                                                      |        |          |                                  |
| Cardiac auscultation                                                                                       |        |          |                                  |
| Other abnormalities                                                                                        |        |          |                                  |

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**DOCTORS STATEMENT OF HEALTH FOR SPORT DIVING**

**This is to certify that I have today reviewed the diver's self-declaration, interviewed, and examined:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Initial those statements that do, and delete (cross out) those that do not apply:**

\_\_\_\_\_ I have assessed the candidate in accordance with UKDMC Standards.

\_\_\_\_\_ I can find no conditions which are incompatible with compressed gas and / or breath-hold diving.

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**Signature of Medical Examiner**

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**Name of Medical Examiner**

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**Date**

Medical Examiner Stamp

**THIS SECTION TO BE COMPLETED BY THE DIVER**

I understand the health risks that I may encounter in diving and how these risks may be reduced.

I also understand that the Medical Practitioner's recommendation herewith is based, in part, upon the disclosure of my medical history.

I agree to accept any responsibility and liability for health risks associated with my participation in underwater diving, including those that are due to or are influenced by a change in my health and / or a failure to disclose any existing or past health condition to the Medical Practitioner.

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**Signature of Diver**

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**Name of Diver**

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**Date**