Greenslopes Family Practice
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Tel: (07) 3397 1875 Fax: (07) 3397 3310

Medical Questionnaire

Dive Medical Commercial AS2299

Please complete the following: (check boxes mark with ☒)

Section: 1			
1	Surname:	Given names:	
2	Date of birth: / /	Sex: ☐ M ☐ F	
3	Address:		
4	Suburb:	State:	Postcode:
5	Home phone number: ( )	Business phone number: ( )	Mobile phone number:
6	Occupation:		

Section: 2	
1	Type of medical: ☐ Unrestricted – including saturation ☐ Unrestricted – not including saturation ☐ Limited Occupational Diving – specify type: ☐ Recreational Diving Industry work only
2	Frequency of significant physical activity ☐ Rarely ☐ <1/week ☐ Weekly ☐ 2 – 3/week ☐ Most days
3	Type of physical activity:

Section: 3			
1	Do you smoke cigarettes	☐ Yes	☐ No
2	How many cigarettes do you smoke per day?		
3	Have you been a smoker in the past?	☐ Yes	☐ No
4	Do you drink alcohol?	☐ Yes	☐ No
5	How many drinks per week (average)?		
6	Do you take any tablets, medicines or drugs?	☐ Yes	☐ No
7	List medications taken		
	1)	4)	
	2)	5)	
	3)	6)	
8	Do you have any allergies?	☐ Yes	☐ No
	If yes - detail:		

Section: 3 *(continued)*			
9	Have you ever had any reactions to drugs, medicines or foods?	☐ Yes	☐ No
	If Yes - detail:		

Section: 4			
1	Next of kin name:		Relationship:
2	Suburb:	State:	Postcode:
3	Home phone number: ( )	Business phone number: ( )	Mobile phone number:

Section: 5				*Doctor's use only*
Have you ever had, or do you now have or suffer from any of the following:				
1	Previous diving medical	☐ Yes	☐ No	
2	Prescription spectacles	☐ Yes	☐ No	
3	Contact lenses	☐ Yes	☐ No	
4	Eye or visual problem	☐ Yes	☐ No	
5	Dentures or plate	☐ Yes	☐ No	
6	Recent dental procedure	☐ Yes	☐ No	
7	Hay fever	☐ Yes	☐ No	
8	Sinusitis	☐ Yes	☐ No	
9	Nose bleeds	☐ Yes	☐ No	
10	Deafness or ringing noises in the ear	☐ Yes	☐ No	
11	Ear infections or discharge from the ear	☐ Yes	☐ No	
12	Giddiness or loss of balance	☐ Yes	☐ No	
13	Operation on the ear	☐ Yes	☐ No	
14	Other ear, nose or throat problem	☐ Yes	☐ No	
15	Severe motion sickness	☐ Yes	☐ No	
16	Need to take seasickness medication	☐ Yes	☐ No	
17	Problems with ears or sinuses when flying in aircraft	☐ Yes	☐ No	
18	Severe or frequent headaches	☐ Yes	☐ No	
18	Migraine	☐ Yes	☐ No	
20	Fainting or blackouts	☐ Yes	☐ No	
21	Convulsions, fits or epilepsy	☐ Yes	☐ No	
22	Unconsciousness	☐ Yes	☐ No	
23	Head injury or concussion	☐ Yes	☐ No	
24	Sleepwalking	☐ Yes	☐ No	
25	Severe depression	☐ Yes	☐ No	
26	Claustrophobia	☐ Yes	☐ No	
27	Mental Illness	☐ Yes	☐ No	
28	Heart disease	☐ Yes	☐ No	

Section: 5 ***(continued)***				*Doctor's use only*
29	Abnormal blood test	☐ Yes	☐ No	
30	ECG	☐ Yes	☐ No	
31	Palpitations or consciousness of your heartbeat	☐ Yes	☐ No	
32	High blood pressure	☐ Yes	☐ No	
33	Rheumatic fever	☐ Yes	☐ No	
34	Pain or discomfort in the chest on exertion	☐ Yes	☐ No	
35	Shortness of breath on exertion	☐ Yes	☐ No	
36	Bronchitis or pneumonia	☐ Yes	☐ No	
37	Pleurisy or severe chest pain	☐ Yes	☐ No	
38	Coughing up blood or phlegm	☐ Yes	☐ No	
39	Chronic or persistent cough	☐ Yes	☐ No	
40	TB	☐ Yes	☐ No	
41	Pneumothorax	☐ Yes	☐ No	
42	Frequent chest colds or flu	☐ Yes	☐ No	
43	Asthma or wheezing	☐ Yes	☐ No	
44	Need to use a puffer or inhaler	☐ Yes	☐ No	
45	Operation on chest, lungs or heart	☐ Yes	☐ No	
46	Other chest complaint	☐ Yes	☐ No	
47	Indigestion, acid reflux or peptic ulcer	☐ Yes	☐ No	
48	Vomiting blood or passing red or black bowel motions	☐ Yes	☐ No	
49	Recurrent vomiting or diarrhea	☐ Yes	☐ No	
50	Jaundice, hepatitis or liver disease	☐ Yes	☐ No	
51	Malaria or other tropical disease	☐ Yes	☐ No	
52	Severe loss of weight	☐ Yes	☐ No	
53	Hernia or rupture	☐ Yes	☐ No	
54	Back injury	☐ Yes	☐ No	
55	Significant joint problem or sports injury	☐ Yes	☐ No	
56	Limitation of movement	☐ Yes	☐ No	
57	Fracture	☐ Yes	☐ No	
58	Paralysis or muscle weakness	☐ Yes	☐ No	
59	Kidney or bladder diseases	☐ Yes	☐ No	
60	Diabetes	☐ Yes	☐ No	
61	Sickle cell disease	☐ Yes	☐ No	
62	Bleeding problem or other blood disease	☐ Yes	☐ No	
63	Skin disease	☐ Yes	☐ No	
64	Contagious disease	☐ Yes	☐ No	
65	Operations	☐ Yes	☐ No	
66	List operations:	☐ Yes	☐ No	
67	Admitted to hospital	☐ Yes	☐ No	
68	Rejected for life insurance	☐ Yes	☐ No	

Section: 5 *(continued)*				*Doctor's use only*
69	Failed a medical examination	☐ Yes	☐ No	
70	Unable to work on medical grounds	☐ Yes	☐ No	
71	Any other illness or health problem	☐ Yes	☐ No	
72	Family history of heart disease	☐ Yes	☐ No	
73	Family history of asthma or chest disease	☐ Yes	☐ No	
Females only				
74	Are you now pregnant or planning to be	☐ Yes	☐ No	
75	Do you have periods which incapacitate you or which may reduce your physical or mental performance	☐ Yes	☐ No	

Section: 6		*Doctor's use only*
Diving history to date		
1	Approx. date of first compressed air dive:	
2	Total hours under pressure:	
3	Types of diving experience: ☐ Scuba air ☐ Surface supply ☐ Saturation ☐ Scuba mix gas ☐ Surface deco ☐ Oxygen ☐ Hookah ☐ Bell diving	
4	How many dives to date:	
5	Longest dive:	
6	Deepest dive:	

Section: 7				*Doctor's use only*
Have you ever suffered from:				
1	Ear squeeze?	☐ Yes	☐ No	
2	Sinus squeeze?	☐ Yes	☐ No	
3	Decompression illness?	☐ Yes	☐ No	
4	Headaches during or after dive?	☐ Yes	☐ No	
5	Extreme tiredness after dive?	☐ Yes	☐ No	
6	Any other diving related problems?	☐ Yes	☐ No	

Signature: ……. Date: / /

AS/NZSS 2299 Medical Examination – Examination Findings

General comments:

Section: A						
Visual acuity	Uncorrected	Corrected	Near vision	Colour Perception	Height	Weight
Right	6/	6/			cm	kg
Left	6/	6/			cm	kg
BP	/	Pulse	/min	Urinalysis		

Section: B			*Notes & Comments*
Head, Scalp, Face, Neck	☐ Normal	☐ Abnormal	
Ophthalmoscopy	☐ Normal	☐ Abnormal	
Pupils	☐ Normal	☐ Abnormal	
Eye movements	☐ Normal	☐ Abnormal	
Visual fields	☐ Normal	☐ Abnormal	
Nose, Septum, Airway, Sinuses	☐ Normal	☐ Abnormal	
Mouth, Throat, Teeth, Speech	☐ Normal	☐ Abnormal	
Ears – external	☐ Normal	☐ Abnormal	
Tympanic membrane - Right	☐ Normal	☐ Abnormal	
Tympanic membrane - Left	☐ Normal	☐ Abnormal	
Eustachian tubes (ear clearing) - Right	☐ Easily with Valsalva		
	☐ With difficulty/alternate manoeuvres		
	☐ Nil/Unsatisfactory		
Eustachian tubes (ear clearing) - Left	☐ Easily with Valsalva		
	☐ With difficulty/alternate manoeuvres		
	☐ Nil/Unsatisfactory		
Chest & lung fields	☐ Normal	☐ Abnormal	
Cardiac auscultation	☐ Normal	☐ Abnormal	
Abdomen	☐ Normal	☐ Abnormal	
Lymph nodes	☐ Normal	☐ Abnormal	
Posture & gait	☐ Normal	☐ Abnormal	
Spine	☐ Normal	☐ Abnormal	
Upper limbs	☐ Normal	☐ Abnormal	
Lower limbs	☐ Normal	☐ Abnormal	

Section: B *(continued)*						*Notes & Comments*
Peripheral pulses	☐ Right Dorsalls Pedis ☐ Left Dorsalls Pedis ☐ Right Post Tibial ☐ Left Post Tibial					
Tendon reflexes	Absent	Weak	Mid-range	Brisk	Hyperreflexic	
Biceps Right	_____					
Biceps Left	_____					
Triceps Right	_____					
Triceps Left	_____					
B/Rad Right	_____					
B/Rad Left	_____					
Knee Right	_____					
Knee Left	_____					
Ankle Right	_____					
Ankle Left	_____					
	(mark line to indicate strength of reflex elicited)					
Sensation	☐ Normal ☐ Abnormal					
Cerebellar functions	☐ Normal ☐ Abnormal					
Sharpened Romberg test Time stable (s)	☐ Very stable ☐ Major swaying/wobbles ☐ A few minor sways/wobbles ☐ Unable to hold balance					
No. of attempts	☐ Moderately unsteady					
Emotional & psychiatric stability	☐ Normal ☐ Abnormal					
Exercise tolerance	☐ Fitness good – History ☐ Fitness acceptable – History ☐ Exercise test requested ☐ Exercise test performed (specify type & result)					
CXR	☐ Normal	☐ Abnormal	☐ Pending			
Lung function	☐ Normal	☐ Abnormal	☐ Pending			
Audiometry	☐ Normal	☐ Abnormal	☐ Pending			
Tympanometry	☐ Normal	☐ Abnormal	☐ Pending			
Long Bone Survey	☐ Not indicated	☐ Recommended				
Other tests	☐ Nill required					
	☐ Indicated (specify)					
Other abnormalities	☐ Nill noted					
	☐ Noted (specify)					

Medical Fitness Recommendation	
☐ All occupational diving	☐ Fit to dive/work under pressure
☐ All except saturation	☐ Permanently unfit
☐ Recreational industry only	☐ Temporarily unfit – Review date
☐ Other	☐ Decision pending
Comments:	

Doctor's Signature: ……. Date: / /

Doctor's name (print): …….

Candidate: …….