



You are receiving this package because you or your child are registered for the Scuba Advanced Marine Exploration Program at Sea Base for the 2025 season. This will be a fun and exciting adventure for all attending, but there is some preliminary work that needs to be completed prior to your arrival at Sea Base. This package contains information about the adventure medical requirements, medical forms and releases. Please make sure to read the information and return all required forms to your crew leader so they may be received by Sea Base by due date. Use only the forms provided in this package.

**All Medical forms and additional documents are due by the following dates:**

- Summer Crews March 1, 2025

Documents returned after the deadline may affect your crew's ability to participate in their full adventure.

This package contains the following:

- **Sea Base Scuba Risk Advisory**-This is information regarding BSA Medical Requirements for Scuba Diving.
- **BSA Annual Health and Medical Record (AMHR)**-All sections must be completed in their entirety. Part C must be completed and signed by a physician (MD, DO, PA or NP only). If a participant has any risk factors, then this form must be signed by an MD or DO only.
- **Recreational Scuba Training Council (RSTC) Diver Medical Participant Questionnaire**-The Physicians Evaluation Form must be signed by a physician (MD, DO, PA or NP only) even if all questions on pages 1 and 2 were answered "NO". If a participant has any risk factors, then this form must be signed by an MD or DO only.
- **Florida Addendum Notice to the Minor Child's Parent**
- **PADI Continuing Education Administrative Document**-Must be signed by both the youth, even if under 18 years of age, and parents.
- **\*Sea Base Dietary Notification form**-only if food allergies present, this form is available on our website.

Additional supporting documentation that must be submitted in addition to the above documents:

- Copy of both sides of Scuba Certification Card
- Copy of both sides of Health Insurance card
- Participants over 18 years of age must submit proof of the following BSA Adult Trainings:
  - Youth Protection (YPT)
  - Safety Afloat
  - Safe Swim Defense
  - Weather Hazards
- BSA Membership card – Presented at time of arrival for both youth and adult.

Make sure your name and Sea Base crew number are on all documents. Your crew leader will have the Sea Base crew number for you.

Documents contain highlighted fields that are require, but sometimes overlooked. We advise all participants and parents to read the [Participant Guide](#) and [PowerPoint](#) for your adventure. Both items are found on the Sea Base website.

Feel free to contact the Sea Base Scuba Department if you have any questions relating to this information.

# Sea Base Scuba Risk Advisory



**Sea Base Experience.** Sea Base adventures are not risk-free. Participants must follow safety measures and take personal responsibility for their health and safety. Climate conditions include temperatures ranging from 45 to 95 degrees, high humidity, heat indexes reaching 110 degrees, and frequent, sometimes severe tropical weather. Prolonged, rigorous activities include snorkeling, scuba diving, kayaking, canoeing, sailing, hiking, and others. It is the responsibility of participants, participant parents or guardians, participant health-care teams, and unit leaders to see that each individual— youth or adult—can safely take part in Sea Base adventures.

**Adult Participants.** It is the role of accompanying adults to ensure youth safety. Because of this, adult participants must arrive in good physical condition and have no medical conditions that could result in diverting the Sea Base staff's attention away from youth participants.

**Sea Base participants** must be able to:

- Swim in a strong manner
- Climb a 6-foot ladder, unassisted, in inclement weather, from the water onto a rocking vessel
- Self-rescue if found overboard in inclement weather

**Location.** Sea Base adventures are conducted at sea, often far from land, with limited access to emergency services.

**Response times can be affected by weather, seas, and location, and can be delayed for hours.** Individuals with medical conditions that require immediate or nearly immediate access to professional medical care should not attend Sea Base.

**Right to Refuse.** Sea Base reserves the right to deny participation based on health and safety concerns and/or medical history.

**Special Needs or Medical Concerns.** Any individual with special needs or medical concerns must have an onsite advocate who understands the individual's condition and treatment and who is prepared to provide support to the individual.

**Scuba Participants.** Persons with conditions listed as severe by the Recreational Scuba Training Council (RSTC) will not be permitted to scuba dive. Persons with conditions prohibited by BSA scuba policy will not be permitted to scuba dive. Various risk factors may exclude a person from scuba diving, either temporarily or permanently.

## **Absolute medical contradictions for scuba diving with the BSA**

- Asthma
- Insulin dependent diabetes
- Narcolepsy
- Exceeding the weight limit of 295 pounds
- Multiple (more than one) medication for ADD, ADHD or depression
- Epilepsy/Seizures
- Anxiety Requiring medication
- Spontaneous pneumothorax

## **Risk factors include, but are not limited to:**

- Ear and sinus problems
- Recent surgery
- Chemotherapy
- Leukemia
- Certain medications
- Blood thinning medications
- Hearing loss in one ear.
- Sickle-cell disease
- Pregnancy
- Panic disorders
- Active psychosis
- Migraines with auras or requiring medication
- Pacemakers

**NOTE: For additional information read the detailed description on the following pages. Not every disqualifying medical condition for BSA scuba diving is listed. If you require further clarification regarding an unlisted medical condition and scuba diving with the BSA, please contact the Sea Base Scuba department.**

**Medications.** Individuals requiring medication should continue medications as prescribed and bring an appropriate supply. Each crew must develop a plan to secure, lock, and dispense medication.

**Allergies.** Participants with allergies that may result in severe reactions or anaphylaxis should bring an adequate supply of epinephrine auto-injectors (EpiPen) to last up to three hours.

**Recommendations Regarding Chronic Illness and/or Compromised Immune System.** Persons with chronic conditions and/or compromised immune systems should seek medical advice and education regarding medical risks associated with harsh marine environments before participating. Individuals with open wounds or who are at risk for chronic illnesses or immune disorders should not attend Sea Base.

**Hypertension (High Blood Pressure).** Participants should have a blood pressure less than 140/90. Individuals with hypertension should have the condition treated and well-controlled before attending.

**Insulin-Dependent Diabetes Mellitus.** Diabetes must be well-controlled. Hypoglycemia can lead to unconsciousness and drowning.

- Diving as part of an official scouting activity is prohibited for the following:
  - For persons under age 18 with the diagnosis of diabetes.
  - Persons using insulin to control diabetes.
  - Persons with diabetes, who are non-insulin dependent and who have had recurrent problems and/or hospitalizations for diabetic problems.
  - Persons with any HbA1c test greater than 7.0 in the previous 12 months.
  - Persons having a documented or suspected hypoglycemic event requiring treatment or assessment in the previous 12 months.
- Diabetes is considered well-controlled when the following are met:
  - The acceptable oral medications for diabetic control are as single agents only: metformin and metformin analogs; DPP-4 inhibitors (sitagliptin, vildagliptin, alogliptin, saxagliptin and linagliptin); or SGLT2 inhibitors and analogies.

Persons who control their diabetes with exercise and diet (without the aid of medication, except metformin) and document HbA1c test value less than 7.0 in the last 6 months) may be approved to scuba dive.

**Seizures (Epilepsy).** Seizures while snorkeling or scuba diving are extremely dangerous and often fatal.

**Participants that are insulin dependent, youth or adult, will not be cleared to scuba dive. Those that are currently scuba certified or have a physician's approval for scuba diving will not be cleared to scuba dive at Sea Base. Participants younger than 18 years of age with diabetes will not be cleared to scuba dive. There are no exceptions, exclusions or waivers to this policy.**

- Diving or snorkeling as part of an official scouting activity is prohibited for participants with a history of seizures.
- No participant with a history of seizures or taking anti-epileptic medication may snorkel or scuba dive.
  - Prospective participants with a history of infant febrile seizures may be considered for snorkeling or diving after formal consultation with a neurologist.

### **Asthma or Reactive Airway Disease.**

- Diving as part of an official scouting activity is prohibited for persons being treated for asthma or reactive airway disease.
- Persons with a history of asthma who have been asymptomatic and have not used medications to control asthma for five years or more may be allowed to scuba dive if resolution of asthma is specifically confirmed by their physician and includes provocative pulmonary function testing conducted by a pulmonologist.
  - Provocative testing can include exercise, hypertonic saline, a hyperpnea test, etc.

Participants, youth or adult, with asthma will not be cleared to scuba dive. The predisposing factors, severity of attacks or intermittent asthma does not change this BSA policy. Those that are currently scuba certified or have a physician's approval for scuba diving will not be cleared to scuba dive at Sea Base. There are no exceptions, exclusions or waivers to this policy.

**Recent Musculoskeletal Injuries and Orthopedic Surgery.** Persons with musculoskeletal problems or orthopedic surgeries within the last six months must provide a letter from their treating physician to participate.

**Psychological and Emotional Difficulties (ADD, ADHD, anxiety and depression).** Any condition should be well-controlled.

- Diving as part of an official scouting activity is prohibited for
  - Participants taking more than one medication for any of these conditions.
  - Participants with anxiety disorder requiring any medication.

Several medications are NOT COMPATIBLE with the hyperbaric stresses of scuba diving. All medications MUST be listed on the BSA Annual Health and Medical Record. Those participants on multiple medications (more than one) for ADD, ADHD, Depression or any psychological condition will not be cleared for scuba diving. Those participants requiring medication to control Anxiety will not be cleared for scuba diving. There are no exceptions, exclusions or waivers to this policy.

**Weight Limits.** Those persons weighing more than 295 pounds will not be permitted to attend.

If a participant weighs more than 295 pounds, they will be sent home at their own expense. There will be weigh-ins upon arrival at Sea Base. There are no exceptions or waivers to the 295-pound weight limit

**Concussions.** Those participants who have suffered a concussion and any side effects from the concussion should contact DAN and Sea Base to discuss this issue. Please provide the following information on the BSA Medical:

1. When did the injury occur?
2. Was there any loss of consciousness, inability to recollect events?
3. Were there reports of disorientation after the incident?
4. Have there been any lingering affects?

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

High-adventure base participants:  
 Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915(a))* My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:  None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**!** Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

| Yes                      | No                       | Condition   | Explain  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes  | Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension (high blood pressure)  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers. |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of heart disease or any sudden heart-related death of a family member before age 50.   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke/TIA  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma/reactive airway disease  | Last attack date: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Lung/respiratory disease  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | COPD  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear/eyes/nose/sinus problems  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscular/skeletal condition/muscle or bone issues   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Head injury/concussion/TBI  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Altitude sickness   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric/psychological or emotional difficulties   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Neurological/behavioral disorders   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood disorders/sickle cell disease   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fainting spells and dizziness   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures or epilepsy  | Last seizure date: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdominal/stomach/digestive problems  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Thyroid disease   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin issues   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Obstructive sleep apnea/sleep disorders   | CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <input type="checkbox"/> | <input type="checkbox"/> | List all surgeries and hospitalizations   | Last surgery date: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | List any other medical conditions not covered above   |  |



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE  YES  NO

AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_

DO YOU USE AN ASTHMA RESCUE  YES  NO

INHALER? Exp. date (if yes) \_\_\_\_\_

Are you allergic to or do you have any adverse reaction to any of the following?

| Yes                      | No                       | Allergies or Reactions | Explain | Yes                      | No                       | Allergies or Reactions | Explain |
|--------------------------|--------------------------|------------------------|---------|--------------------------|--------------------------|------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Medication             |         | <input type="checkbox"/> | <input type="checkbox"/> | Plants                 |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Food                   |         | <input type="checkbox"/> | <input type="checkbox"/> | Insect bites/stings    |         |

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.

If additional space is needed, please list on a separate sheet and attach.

| Medication | Dose | Frequency | Reason |
|------------|------|-----------|--------|
|            |      |           |        |
|            |      |           |        |
|            |      |           |        |
|            |      |           |        |
|            |      |           |        |
|            |      |           |        |

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**!** Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

| Yes                      | No                       | Had Disease | Immunization                               | Date(s) |
|--------------------------|--------------------------|-------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> |             | Tetanus                                    |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Pertussis                                  |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Diphtheria                                 |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Measles/mumps/rubella                      |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Polio                                      |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Chicken Pox                                |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Hepatitis A                                |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Hepatitis B                                |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Meningitis                                 |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Influenza                                  |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Other (i.e., HIB)                          |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Exemption to immunizations (form required) |         |

Please list any additional information about your medical history:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**

Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit [www.scouting.org/health-and-safety/ahmr](http://www.scouting.org/health-and-safety/ahmr) to view this information online.

Please fill in the following information:

|                                     | Yes                      | No                       | Explain |
|-------------------------------------|--------------------------|--------------------------|---------|
| Medical restrictions to participate | <input type="checkbox"/> | <input type="checkbox"/> |         |

| Yes                      | No                       | Allergies or Reactions | Explain | Yes                      | No                       | Allergies or Reactions | Explain |
|--------------------------|--------------------------|------------------------|---------|--------------------------|--------------------------|------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Medication             |         | <input type="checkbox"/> | <input type="checkbox"/> | Plants                 |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Food                   |         | <input type="checkbox"/> | <input type="checkbox"/> | Insect bites/stings    |         |

| Height (inches) | Weight (lbs.) | BMI | Blood Pressure | Pulse |
|-----------------|---------------|-----|----------------|-------|
|                 |               |     |                |       |

|                  | Normal                   | Abnormal                 | Explain Abnormalities |
|------------------|--------------------------|--------------------------|-----------------------|
| Eyes             | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Ears/nose/throat | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Lungs            | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Heart            | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Abdomen          | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Genitalia/hernia | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Musculoskeletal  | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Neurological     | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Skin issues      | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Other            | <input type="checkbox"/> | <input type="checkbox"/> |                       |

### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

| True                     | False                    | Explain   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Meets height/weight requirements.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has no uncontrolled heart disease, lung disease, or hypertension.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has no uncontrolled psychiatric disorders.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has had no seizures in the last year.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not have poorly controlled diabetes.   |
| <input type="checkbox"/> | <input type="checkbox"/> | If planning to scuba dive, does not have diabetes, asthma, or seizures.   |

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

| Height (inches) | Max. Weight | Height (inches) | Max. Weight | Height (inches) | Max. Weight | Height (inches) | Max. Weight |
|-----------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| 60              | 166         | 65              | 195         | 70              | 226         | 75              | 260         |
| 61              | 172         | 66              | 201         | 71              | 233         | 76              | 267         |
| 62              | 178         | 67              | 207         | 72              | 239         | 77              | 274         |
| 63              | 183         | 68              | 214         | 73              | 246         | 78              | 281         |
| 64              | 189         | 69              | 220         | 74              | 252         | 79 and over     | 295         |





# High-Adventure Risk Advisory to Health-Care Providers and Parents

Phone: 305-664-4173

Website: [www.bsaseabase.org](http://www.bsaseabase.org)

## Florida Sea Base

**Sea Base Experience.** Sea Base adventures are not risk-free. Participants must follow safety measures and take personal responsibility for their health and safety. Climate conditions include temperatures ranging from 45 to 95 degrees, high humidity, heat indexes reaching 110 degrees, and frequent, sometimes severe tropical weather. Prolonged, rigorous activities include snorkeling, scuba diving, kayaking, canoeing, sailing, hiking, and others.

It is the responsibility of participants, participant parents or guardians, participant health-care teams, and unit leaders to see that each individual—youth or adult—can safely take part in Sea Base adventures.

**Adult Participants.** It is the role of accompanying adults to ensure youth safety. Because of this, adult participants must arrive in good physical condition and have no medical conditions that could result in diverting the Sea Base staff's attention away from youth participants.

### Sea Base participants must be able to

- Swim in a strong manner
- Climb a 6-foot ladder, unassisted, in inclement weather, from the water onto a rocking vessel
- Self-rescue if found overboard in inclement weather

**Location.** Sea Base adventures are conducted at sea, often far from land, with limited access to emergency services. **Response times can be affected by weather, seas, and location, and can be delayed for hours.** Individuals with medical conditions that require immediate or nearly immediate access to professional medical care should not attend Sea Base.

**Right to Refuse.** Sea Base reserves the right to deny participation based on health and safety concerns and/or medical history.

**Special Needs or Medical Concerns.** Any individual with special needs or medical concerns must have an onsite advocate who understands the individual's condition and treatment and who is prepared to provide support to the individual.

**Trained Leadership.** Each crew is required to have at least one adult who is trained in wilderness first aid and CPR or has a greater professional medical certification. This leader acts as the primary first response until emergency services arrive. There are no on-site facilities for treatment or extended care at Sea Base. Sea Base does not staff professional medical personnel.

**Medications.** Individuals requiring medication should continue medications as prescribed and bring an appropriate supply. Each crew must develop a plan to secure, lock, and dispense medication.

**Allergies.** Participants with allergies that may result in severe reactions or anaphylaxis should bring an adequate supply of epinephrine auto-injectors (EpiPen) to last up to three hours.

### Recommendations Regarding Chronic Illness and/or Compromised Immune System.

Persons with chronic conditions and/or compromised immune systems should seek medical advice and education regarding medical risks associated with harsh marine environments before participating. Individuals with open wounds or who are at risk for chronic illnesses or immune disorders should not attend Sea Base.

**Hypertension (High Blood Pressure).** Participants should have a blood pressure less than 140/90. Individuals with hypertension should have the condition treated and well-controlled before attending.

**Insulin-Dependent Diabetes Mellitus.** Diabetes must be well-controlled. Hypoglycemia can lead to unconsciousness and drowning.

- Insulin-dependent persons who have been newly diagnosed or who have undergone changes in delivery systems in the last six months are advised not to participate.
- Persons with diabetes who have had frequent problems and/or hospitalizations should not participate.
- Persons using insulin to control diabetes **will not** be permitted to **scuba dive**.
- Any HbA1c test greater than 7 in the previous 12 months **disqualifies** a person from **scuba diving**.
- Persons under the age of 18 who control their diabetes with exercise and diet (without the aid of medication) and can provide three sequential hemoglobin tests with HbA1c values less than 6 **may** be approved to scuba dive.
- Persons over the age of 18 who control their diabetes with exercise and diet (without the aid of medication) and can provide four HbA1c tests, each with a value less than 7, within the previous 12 months **may** be approved to scuba dive.

**Seizures (Epilepsy).** Seizures while snorkeling or scuba diving are extremely dangerous and often fatal.

- History of loss of consciousness often precludes snorkeling or scuba diving. Formal consultation with a neurologist and/or cardiologist is required.
- No participant with a history of seizures or taking anti-epileptic medication may **snorkel or scuba dive**.  
—Prospective participants with a history of infant febrile seizures **may be considered for snorkeling or diving** after formal consultation with a neurologist.

**Asthma.** Asthma must be well-controlled. Persons requiring use of medication and/or an inhaler must bring an ample supply.

- Persons being treated for **asthma (including reactive airway disease) are disqualified from scuba diving**.
- Persons with a history of asthma who have been asymptomatic **and** have not used medications to control asthma for five years or more **may be allowed to scuba dive** if resolution of asthma is specifically confirmed by their physician and includes provocative pulmonary function testing conducted by a pulmonologist.  
—Provocative testing can include exercise, hypertonic saline, a hyperpnea test, etc.



# High-Adventure Risk Advisory to Health-Care Providers and Parents

Florida Sea Base

Phone: 305-664-4173

Website: [www.bsaseabase.org](http://www.bsaseabase.org)

## Recent Musculoskeletal Injuries and Orthopedic Surgery.

Persons with musculoskeletal problems or orthopedic surgeries within the last six months must provide a letter from their treating physician to participate.

## Psychological and Emotional Difficulties.

Any condition should be well-controlled without the services of a mental health practitioner. Participants requiring medication must bring an ample supply and take as prescribed for the duration of their trip.

- Many psychotropic medications are not compatible with **scuba diving**.
- Persons taking more than one psychotropic medication **will not be cleared to scuba dive**.
- Persons with anxiety **will not be cleared to scuba dive**.

## Weight Limits.

Participants must meet BSA height and weight guidelines. Exceptions **may** be made for individuals who do not exceed the BSA height and weight guidelines by more than 20 pounds. Due to rescue equipment weight restrictions, individuals who are 78 inches (6.5 feet) and taller cannot be offered an exception.

## Scuba Participants.

Persons with conditions listed as severe by the Recreational Scuba Training Council (RSTC) **will not be permitted to scuba dive**. Persons with conditions prohibited by BSA scuba policy **will not be permitted to scuba dive**. Various risk factors may exclude a person from scuba diving, either temporarily or permanently. Risk factors include, but are not limited to, ear and sinus problems, recent surgery, spontaneous pneumothorax, asthma or reactive airway disease, seizure disorders, diabetes, leukemia, sickle-cell disease, pregnancy, panic disorders, active psychosis, certain medications, and narcolepsy.

## Closing.

Sea Base, BSA is an industry leader in maritime adventures with an excellent safety record. If you have questions regarding medical policies, medical concerns, or medical approval, please contact Sea Base at 305-664-4173.



Prepared. For Life.®

# Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

## Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, do not dive.

|    |   |  |                             |
|----|---|--|-----------------------------|
| 1  | I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.  | Yes <input type="checkbox"/><br>Go to box <b>A</b> | No <input type="checkbox"/> |
| 2  | I am over 45 years of age.  | Yes <input type="checkbox"/><br>Go to box <b>B</b> | No <input type="checkbox"/> |
| 3  | I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months. | Yes <input type="checkbox"/> *                     | No <input type="checkbox"/> |
| 4  | I have had problems with my eyes, ears, or nasal passages/sinuses.  | Yes <input type="checkbox"/><br>Go to box <b>C</b> | No <input type="checkbox"/> |
| 5  | I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.   | Yes <input type="checkbox"/> *                     | No <input type="checkbox"/> |
| 6  | I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.   | Yes <input type="checkbox"/><br>Go to box <b>D</b> | No <input type="checkbox"/> |
| 7  | I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.  | Yes <input type="checkbox"/><br>Go to box <b>E</b> | No <input type="checkbox"/> |
| 8  | I have had back problems, hernia, ulcers, or diabetes.  | Yes <input type="checkbox"/><br>Go to box <b>F</b> | No <input type="checkbox"/> |
| 9  | I have had stomach or intestine problems, including recent diarrhea.  | Yes <input type="checkbox"/><br>Go to box <b>G</b> | No <input type="checkbox"/> |
| 10 | I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam).   | Yes <input type="checkbox"/> *                     | No <input type="checkbox"/> |

## Participant Signature

**Participant Statement:** I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required).

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Staff of Sea Base / BSA

Sea Base / BSA

Instructor Name (Print)

Facility Name (Print)

Please read and agree to the statement above by signing and dating it AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

## Diver Medical | Participant Questionnaire Continued

|   |                                |                             |
|---|--------------------------------|-----------------------------|
| <b>BOX A – I HAVE/HAVE HAD:</b>   |                                |                             |
| Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| <b>BOX B – I AM OVER 45 YEARS OF AGE AND:</b>   |                                |                             |
| I currently smoke or inhale nicotine by other means.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| I have a high cholesterol level.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| I have high blood pressure.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy). | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| <b>BOX C – I HAVE/HAVE HAD:</b>   |                                |                             |
| Sinus surgery within the last 6 months.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Ear disease or ear surgery, hearing loss, or problems with balance.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Recurrent sinusitis within the past 12 months.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Eye surgery within the past 3 months.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| <b>BOX D – I HAVE/HAVE HAD:</b>   |                                |                             |
| Head injury with loss of consciousness within the past 5 years.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Persistent neurologic injury or disease.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Recurring migraine headaches within the past 12 months, or take medications to prevent them.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Epilepsy, seizures, or convulsions, OR take medications to prevent them.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| <b>BOX E – I HAVE/HAVE HAD:</b>   |                                |                             |
| Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| An addiction to drugs or alcohol requiring treatment within the last 5 years.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| <b>BOX F – I HAVE/HAVE HAD:</b>   |                                |                             |
| Recurrent back problems in the last 6 months that limit my everyday activity.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Back or spinal surgery within the last 12 months.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| An uncorrected hernia that limits my physical abilities.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| <b>BOX G – I HAVE HAD:</b>  |                                |                             |
| Ostomy surgery and do not have medical clearance to swim or engage in physical activity.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Dehydration requiring medical intervention within the last 7 days.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Active or uncontrolled ulcerative colitis or Crohn's disease.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Bariatric surgery within the last 12 months.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |

# Diver Medical | Medical Examiner's Evaluation Form

Participant Name

(Print)

Birthdate

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit [uhms.org](http://uhms.org) for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

## Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

**The Undersea & Hyperbaric Medical Society**

**DAN (US)**

**DAN Europe**

**Hyperbaric Medicine Division, University of California, San Diego**



# Diving Medical Guidance to the Physician

These guidelines are typically used by physicians who have been approached by an individual wishing to take part in recreational scuba diving or freediving. They will usually have completed a [WRSTC Diver Medical Participant Questionnaire](#).

Recreational scuba diving and freediving (hereafter "diving") is performed safely by many people. The risks associated with diving may be increased by certain physical conditions, and the relationship to diving may not be readily appreciated by candidates. Thus, it is important to screen divers for such conditions.

A physical examination for diving focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation with subsequent arterial gas embolization, and other conditions such as loss of consciousness, which could lead to drowning. Additionally, divers must be able to withstand some degree of thermal stress, the physiological effects of immersion, and have sufficient physical and mental reserves to deal with normal diving and possible emergencies.

The history, review of systems, and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not exhaustive, but contains the most commonly encountered medical problems. The brief introductions serve as an alert to the nature of the risk posed.

The potential diver and his or her physician must weigh the benefits to be had by diving against an increased risk of injury or death due to the individual's medical condition. As with any recreational activity, there are limited data for diving with which to calculate the mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of injury compared with the general population. The consultants involved in drafting this document would generally discourage a candidate with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgment on an assessment of the individual candidate. **Temporary Risk** refers to medical problems which may preclude diving but are temporary in nature, allowing the individual to dive after they have resolved.

Following many of the sections is a short list of references that give more information on the topic. The lists are not exhaustive, but examples that may be of particular relevance.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the candidate's status. A list of references is included to aid in clarifying issues that arise.

The following sections are included in this document (click to jump to section):

[BEHAVIORAL HEALTH](#)    [CARDIOVASCULAR SYSTEMS](#)    [GASTROINTESTINAL](#)    [HEMATOLOGICAL](#)  
[METABOLIC AND ENDOCRINOLOGICAL](#)    [NEUROLOGICAL](#)    [ORTHOPEDIC](#)    [OTOLARYNGOLOGICAL](#)    [PULMONARY](#)



## BEHAVIORAL HEALTH

Behavioral health is one of the most difficult aspects of diver candidate evaluation, because many relevant potential problems may not be apparent and are not easily assessed in an office consultation. This is also an aspect of evaluating suitability for diving in which the diving instructor, who observes the candidate in the field, must also play a part.

The diving candidate must be capable of learning and applying a theoretical knowledge base for diving. Significant intellectual handicap is incompatible with independent diving.

Motivational and behavioral traits should be considered if there is obvious related history or problems become apparent during training. Candidates who appear unmotivated, irresponsible, or prone to distraction or panic should be discouraged from diving.

A history of psychiatric disease is not in and of itself disqualifying. Psychotropic medications can be problematic if they are associated with altered level of awareness or sedation, or may alter seizure threshold, (e.g., benzodiazepines, narcotics). What is of primary importance is the individual's current psychological state, and anticipated impact of their mental/psychological history relative to their ability to navigate the potential and anticipated challenges and stresses of diving. The level of baseline mental health, with or without medication, is therefore of greater importance than the theoretical effects of a given medication or class of medications while diving.

Candidates with major depression, bipolar disorder, psychoses, or current drug or alcohol abuse should not dive. Even if a candidate is well controlled on medication (see below for discussion of SSRIs), there may be risks associated with the use of potent antidepressant and antipsychotic drugs in the underwater environment. The tendency for potent psychotropic drugs to impair concentration and cause drowsiness is of particular concern, as is their potential to lower the seizure threshold, and the lack of research data evaluating potential interactions with the pressure environment. Candidates with a past history of major psychiatric problems or drug/alcohol abuse who are stable without medication and withdrawn from drugs and alcohol can be considered on a case-by-case basis, preferably by a physician trained in diving medicine.

Perhaps the most challenging group of candidates from a behavioral perspective in the modern context is those with "mild" depression (those who have never been hospitalized for psychiatric treatment or placed on psychiatric hold or attempted self-harm) or those with mood disturbances treated with selective serotonin reuptake inhibitors (SSRIs). The general use of SSRIs has increased dramatically over recent years in many countries. There are no data describing use of SSRIs among divers, but anecdotally the numbers are significant. Concerns over diving while using SSRIs relate to the disorder being treated and to the potential interaction between the drug and diving. There are many candidates taking these drugs whose mild mood disturbance would not of itself constitute a reason to avoid diving. Evaluation of the potential for an interaction between SSRIs and diving is more difficult. There are no published reports of apparent problems despite what is almost certainly a large number of divers using them. Diving while taking an SSRI is probably acceptable provided that: the treated mood disturbance was mild prior to treatment and has been well controlled by the drug; the drug has been used for at least one month without evidence of relevant side effects; and the candidate is fully counseled about (and accepting of) the relevant risks. If the candidate is considering diving beyond the traditional recreational envelope or using gases other than air, he or she should consult an appropriate diving medicine specialist.

There are also potential risks associated with other drugs used to treat psychiatric conditions, including serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs), and atypical agents (including bupropion). Candidates on these medications should be evaluated on a case-by-case basis.

### Severe Risk Conditions

- Active major depression, bipolar or psychotic disorder
- History of panic attacks
- Drug or alcohol abuse
- Severe intellectual handicap

## Relative Risk Conditions

- Questionable motivation to dive – solely to please spouse, partner or family member, or to prove oneself in the face of personal fears
- Developmental delay/Cognitive impairment
- Anxiety disorder
- History of drug or alcohol abuse
- History of major depression, bipolar, or psychotic disorder
- Use of psychotropic medications
- Claustrophobia or agoraphobia

## CARDIOVASCULAR SYSTEMS

Diving places increased demands on the heart. Immersion itself results in an increase in cardiac preload, as does peripheral vasoconstriction with an increase in blood pressure. These changes are typically accompanied by sustained mild to moderate exercise. Perhaps not surprisingly, almost 30% of recreational diving fatalities have a cardiac event as the disabling injury. It follows that the primary goals of evaluating the cardiovascular system in a diving candidate are to identify those who appear to be at risk of myocardial ischemic events, myocardial insufficiency, or other cardiac events (such as arrhythmias) that might disable a diver underwater, and to establish that the candidate has an adequate exercise capacity for diving.

With the above in mind, some cardiac diagnoses are considered to render a candidate unsuitable for diving, including: untreated symptomatic coronary artery disease, dilated or obstructive or previous stress cardiomyopathy, congestive heart failure, moderate or worse pulmonary hypertension, long QT syndrome or other arrhythmia-inducing channelopathies, paroxysmal arrhythmias causing unconsciousness or impairment of exercise capacity, poor exercise capacity of apparent cardiac origin, moderate to severe valvular lesions, complex congenital cardiac disease, atrial septal defect, and the presence of an implanted cardiac defibrillator.

Potential candidates with any of the following should be investigated to exclude a disqualifying condition:

- Exertional chest pain, dyspnea, palpitations, or syncope
- Unexplained syncope/near syncope
- Heart murmur
- Hypertension
- Family history of premature death (sudden/unexpected or cardiac) before age 50, cardiac disease before age 50, cardiomyopathy, arrhythmia, or channelopathy

It is strongly recommended that these candidates be evaluated in consultation with a physician trained in diving medicine and possibly a cardiologist. Successful treatment of disqualifying cardiac disorders may result in a candidate becoming suitable for diving. For example, a candidate with coronary artery disease (including previous myocardial infarction) who has been successfully revascularized may be suitable for diving if inducible ischemia can be excluded and adequate exercise capacity demonstrated (for example, in an exercise stress test). The capacity to sustain exercise at 6 MET (metabolic equivalent of task; 1 MET approximates resting metabolic rate, assumed to approximate an oxygen consumption of 3.5 mL/kg/min; 6 MET approximates an effort of six times resting metabolic rate, approximating an oxygen consumption of 21 mL/kg/min is a pragmatic expectation for a recreational diver, but there may be an occasional need to exercise transiently at higher levels during diving. Similarly, a candidate with a history of paroxysmal arrhythmia who has undergone successful pathway ablation may be suitable for diving. Candidates with any of the above diagnoses who wish to consider diving after appropriate treatment are best referred to a physician trained in diving medicine for evaluation.



Asymptomatic candidates over 45 years of age with risk factors for coronary artery disease should undergo evaluation by a physician. Individuals with a predicted 5-10 year risk of a cardiovascular event >10% using a cardiac risk calculator should be investigated for coronary disease unless they provide a credible history of exercise capacity which renders significant coronary disease very unlikely. A coronary calcium score is a suitable initial investigation, and a myocardial perfusion scan, stress echocardiogram, or CT coronary angiogram should be considered in following up a positive calcium score. Consideration of a tailored investigation pathway for the individual diving candidate is ideally undertaken by a cardiologist in consultation with a physician trained in diving medicine. Candidates who prove to have inducible ischemia or obstructive lesions justifying intervention should not dive until completion of the intervention and demonstration of its success. Candidates with non-obstructive coronary disease not requiring invasive intervention should have aggressive management of risk factors and may be suitable for diving if adequate exercise capacity can be demonstrated. Although an exercise ECG is relatively insensitive to early coronary disease, it has the advantage of demonstrating exercise capacity and can be modified to test sustained exercise at 6 MET.

Left ventricular hypertrophy (LVH) is a risk factor for arrhythmias, which may be induced by exercise or immersion. Candidates for diving with this condition should be counseled about the risks of diving.

A patent foramen ovale (PFO) that exhibits right-to-left shunting with no or minimal provocation is a risk factor for serious neurological decompression sickness. In established divers, such lesions are usually discovered by bubble contrast echocardiography conducted after a relevant episode of decompression sickness. These divers are usually advised either to cease diving, modify their diving to reduce venous bubble formation (venous bubbles crossing from right to left are almost certainly the vectors of harm in this setting), or to have the PFO repaired. Occasionally, new diver candidates have a previously discovered PFO, and in such cases an objective assessment of the shunting behavior of the lesion is required in order to adequately counsel the candidate about the implied risks in diving. If not already done, this is best achieved using bubble contrast transthoracic echocardiography at rest and with provocative maneuvers. It is strongly recommended that the results of such tests are discussed with a physician trained in diving medicine. Routine screening of all diving candidates for PFO is not recommended.

In relation to some specific cardiovascular diagnoses: Treated hypertension with adequate control is acceptable in diving in the absence of other risk factors that would meet a risk threshold indicating screening for coronary artery disease. Atrial fibrillation that is adequately rate-controlled in a candidate without inducible myocardial ischemia and who exhibits adequate exercise capacity is acceptable in diving. However, many such candidates are anticoagulated and the risks of diving whilst anticoagulated would need to be understood and carefully considered by the candidate. This is best achieved through discussion with a physician trained in diving medicine.

Immersion pulmonary edema is a problem that has been seen in swimmers, compressed gas divers, and freedivers. The condition may be under-diagnosed. Risk factors include hypertension, valvular disease, diastolic dysfunction, cardiomyopathies, pulmonary hypertension, hyperhydration, immersion, cold stress, constrictive garments, exercise, and for compressed gas divers, increased breathing resistance (affected by equipment, gas density, and body position), and for freedivers, pulmonary squeeze due to compression during descent. A single episode of immersion pulmonary edema may contra-indicate further diving if no modifiable risk factors are found. Repetitive cases represent a strong contra-indication. A diver or new diving candidate with such a history should be referred to a physician trained in diving medicine for discussion of the relevant issues.

Candidates with pacemakers may be able to dive, though pacemaker-dependent candidates should consider the risks carefully. The pathologic process that necessitated the pacemaker should be considered as should the candidate's functional capacity (see above). Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving. Devices vary in this regard, but diving beyond 30 meters/100 feet with any of them is unwise.

## Severe Risk Conditions

- Untreated symptomatic coronary artery disease
- Dilated or obstructive cardiomyopathy
- Heart failure
- Pulmonary hypertension
- Long QT syndrome or other arrhythmia-inducing channelopathies
- Paroxysmal arrhythmias causing unconsciousness or impairment of exercise capacity
- Poor exercise capacity of apparent cardiac origin
- Moderate to severe valvular lesions
- Complex congenital cardiac disease
- Atrial septal defect
- Presence of an implanted cardiac defibrillator
- Multiple episodes of immersion pulmonary edema

## Relative Risk Conditions

- Treated coronary artery disease
- Collectively, risk factors such as age >45 years, hypertension, smoking, elevated cholesterol and a positive family history may indicate investigation for coronary artery disease
- History of dysrhythmias requiring medication for suppression
- Mild valvular lesions (need periodic re-evaluation)
- Cardiac prostheses or arrhythmias requiring anticoagulation
- Pacemakers
- Single previous episode of immersion pulmonary edema
- Marfan syndrome or other connective tissue disorder (severe risk if there is a history of dissection)
- Left ventricular hypertrophy

## References

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Moon RE, Bove AA, Mitchell SJ. PFO statement. In: Denoble PJ, Holm JR. eds. Patent Foramen Ovale and Fitness to Dive Consensus Workshop Proceedings. Durham, NC: Divers Alert Network, 2016; 156-160.

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Smart D, Mitchell SJ, Wilmshurst P, Turner M, Banham N. Joint position statement on persistent (patent) foramen ovale and diving. South Pacific Underwater Medicine Society (SPUMS) and the United Kingdom Sports Diving Medical Committee (UKSDMC). *Diving Hyperb Med*. 2015; 45(2), 129-131.

## GASTROINTESTINAL

In general terms, there should be no gastrointestinal conditions present that increase the likelihood of vomiting, reflux, bleeding, perforation, diarrhea, or pain. Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Trapped gas 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. Dive activities may take place in areas remote from medical care, and the possibility of acute recurrences of disease must be considered.

## Severe Risk Conditions

- Active inflammatory bowel disease
- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal hernia
- Gastroparesis

## Relative Risk Conditions

- Inflammatory bowel disease when quiescent
- Functional bowel disorders

## Temporary Risk Conditions

- Peptic ulcer disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate

### References

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US Navy Diving Manual, Volume 2, Revision 7. Gastrointestinal distension. NAVSEA 0910-LP-115-1921. Naval Sea Systems Command: Washington, DC, 2016: 3-31-3-32.

## HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (eg, in hemophilia) may be difficult to distinguish from decompression illness. Thrombophilic disorders (hereditary or acquired) may facilitate vascular thrombosis and susceptibility to DCS.

## Relative Risk Conditions

- Sickle cell disease
- Polycythemia vera
- Leukemia
- Hemophilia/Impaired coagulation
- Recent blood transfusion
- Recent thrombotic episodes
- Hereditary hypercoagulability conditions
  - Factor V Leiden
  - Prothrombin 20210A
  - Protein C deficiency
  - Protein S deficiency
  - Antithrombin deficiency

## Temporary Risk Conditions

- Prescription of anti-coagulant drugs of any kind, including platelet aggregation inhibitors

### References

- Bennett PB, Cronje FJ, Campbell E, Marroni A, Pollock NW. Assessment of Diving Medical Fitness for Scuba Divers and Instructors. Flagstaff, AZ: Best Publishing. 2006; pp 97-104.
- Parker J. Haematology. In: The Sports Diving Medical, 2nd Edition. JL Publications, Melbourne 2002, pp 100-102.
- Wendling J, et al. Haematological disorders. In: Medical Assessment of Fitness to Dive. International Edition. Hyperbaric Editions CH 2502 Biel, 2001, pp 126. ISBN 3-9522284-1-9.

## METABOLIC AND ENDOCRINOLOGICAL

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. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

### Severe Risk Conditions

- The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, except when conducted according to the consensus guidelines for recreational diving with diabetes.
- Pregnancy: The effect of venous emboli formed during decompression on the fetus has been proven to be potentially detrimental to fetus health. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant. (Note that in cases where pregnancy is discovered after diving, it is not considered grounds for termination.)

### Relative Risk Conditions

- Hormonal excess or deficiency
- Obesity
- Renal insufficiency

### References

- Damnon F, de Rham M, Baud D. Should a pregnancy test be required before scuba diving? Br J Sports Med. 2016; 50(18): 1159-1160.
- Dear GdeL, Pollock NW, Uguccioni DM, Dovenbarger J, Feinglos MN, Moon RE. Plasma glucose response to recreational diving in divers with insulin-requiring diabetes. Undersea Hyperb Med. 2004; 31(3): 291-301.
- Held HE, Pollock NW. The risks of diving while pregnant - reviewing the research. Alert Diver. 2007; Mar/Apr: 48-51.
- Pollock NW, Uguccioni DM, Dear GdeL. Diabetes and recreational diving: guidelines for the future. Diving Hyperb Med 2006; 36(1): 29-34.

## NEUROLOGICAL

Neurological illnesses, especially those affecting the spinal cord and peripheral nerves, should be assessed according to the degree of functional compromise present. Any condition that diminishes the reserve capacity of the spinal cord may reduce the likelihood of a full functional recovery, should an episode of spinal decompression sickness occur. Conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, may contraindicate diving, because an exacerbation or attack of the pre-existing disease (eg, migraine headache with aura) may be difficult to distinguish from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure. A diagnosis of epilepsy is considered an absolute contraindication for diving.

## Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:

- Epilepsy or history of seizures, other than childhood febrile seizures
- History of transient ischemic attack (TIA) or cerebrovascular accident (CVA)
- History of serious (central nervous system, cerebral or inner ear) decompression sickness with residual deficits
- Recurrent episodes of loss of consciousness or fainting

## Relative Risk Conditions

Complicated migraine headaches, particularly if severe, frequent or presenting with neurological manifestations eg, motor, sensory or cognitive disturbance.

- History of head injury with sequelae other than seizure
- Herniated nucleus pulposus
- Intracranial tumor or aneurysm
- Peripheral neuropathy
- Multiple sclerosis
- Trigeminal neuralgia
- History of spinal cord or brain injury
- Parkinson's disease

### References

Bennett PB, Cronje FJ, Campbell E, Marroni A, Pollock NW. Assessment of Diving Medical Fitness for Scuba Divers and Instructors. Flagstaff, AZ: Best Publishing. 2006; 241 pp. 173-188.

Burkett JG, Nahas-Geiger SJ. Diving Headache. Curr Pain Headache Rep. 2019;23(7):46.

Massey EW, Moon RE. Neurology and diving. Handb Clin Neurol. 2014;120:959-969.

Rosinska J, Łukasik M, Kozubski W. Neurological complications of underwater diving. Neurol Neurochir Pol. 2015;49(1):45-51.

UK Diving Medical Committee, Neurological disease. <http://www.ukdmc.org/medical-conditions/neurological-disease/>

## ORTHOPEDIC

Mobility above and under the water is an essential requirement for any sport or recreational diver. Entering the water from shore or a dive boat, underwater propulsion and exiting into a dive boat or onto shore should be possible without great difficulty.

Relative impairment of mobility, particularly on a boat or ashore with equipment weighing up to 30 kg/66 lb (or significantly more in the case of cold water or for more equipment intensive activities, for example), must be assessed. Orthopedic conditions of a degree sufficient to impair exercise performance may increase the risk.

In some cases, like amputations resulting in various degrees of disability, it would be advisable to judge case by case by a physician trained in diving medicine.

## Relative Risk Conditions

- Amputation
- Scoliosis: must also assess impact on respiratory function and exercise performance

- Aseptic necrosis: possible risk of accelerated progression due to the effects of decompression
- Disc prolapse
- Habitual luxation (eg, shoulder, hip, patella)
- Degenerative joint diseases

### Temporary Risk Conditions

- Back pain
- Fractures until complete healing of bone and soft tissue and positive weight bearing tests taking into consideration the weight of the used dive gear on land
- Muscle-tendon and ligament injuries
- Completion of physiotherapy/rehabilitation regimes

#### References

Moeller JL. Contraindications to athletic participation. *Physic Sportsmed.* 1996; 24(9): 57-75.

## 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 may be prone to reinjury with marked overpressurization during vigorous or explosive Valsalva maneuvers. The larynx and pharynx must be free of obstruction to airflow. The laryngeal and epiglottic structures must function normally to prevent aspiration. Mandibular and maxillary function must be capable of allowing the candidate to hold a scuba regulator mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air-filled cavities involved.

### Severe Risk Conditions

- Monomeric tympanic membrane (TM)
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- 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
- Symptomatic nasal or sinus polyps
- Ménière's disease

### Relative Risk Conditions

- 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
- History of round window rupture
- Symptomatic nasal septum deviation
- Recurrent benign positional vertigo
- Otosclerosis

#### References

Lechner M, Sutton L, Fishman JM, Kaylie DM, Moon RE, Masterson L, et al. Otorhinolaryngology and diving - part 1: otorhinolaryngological hazards related to compressed gas scuba diving: a review. *JAMA Otolaryngol Head Neck Surg.* 2018;144(3):252-258.

Lechner M, Sutton L, Fishman JM, Kaylie DM, Moon RE, Masterson L, et al. Otorhinolaryngology and diving – part 2: otorhinolaryngological fitness for compressed gas scuba diving: a review. *JAMA Otolaryngol Head Neck Surg.* 2018;144(3):259-263.

Molvaer OI. Otorhinolaryngological aspects of diving. In: Bennett PB, Elliott DH, eds. *Physiology and Medicine of Diving*, 5th ed. Saunders, Edinburgh, 2003. P227-P264.

Wendling J, et al. Otorhinolaryngology. In: *Medical Assessment of Fitness to Dive*. International Edition. Hyperbaric Editions CH 2502 Biel, 2001. Pp25-48. ISBN 3-9522284-1-9.

## PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary over inflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: asthma, chronic obstructive pulmonary disease (COPD), cystic or cavitating lung diseases may all cause air trapping.

Undersea and Hyperbaric Medical Society and British Thoracic Society guidelines recommend that asthmatics should be advised not to dive if they have wheeze precipitated by exercise, cold, or emotion. Asthmatic individuals who are currently well controlled and have normal pulmonary function tests may dive if they have a negative exercise test. Many people with asthma have well controlled disease and are physically fit. They may, however, show minor abnormalities on spirometry at rest or after exercise. Those with a history of severe or unpredictable acute exacerbations are not fit to dive. For those without such a history, the overriding consideration is that the candidate must be physically fit and not impaired after exercise or cold air breathing, which is the normal case of gas expanding from within a scuba cylinder. The best way to assess fitness is with an exercise test. Inhalation challenge tests (eg, using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving. If persons with breathing issues are cleared to dive, they need to take their regular inhalers and should not dive if suffering symptoms suggestive of exacerbation. Note that the FEV1/FVC ratio may be reduced below predicted, but provided there is no deterioration after exercise and the person performs well on the exercise test, a mildly obstructed spirometric tracing on its own is not a contraindication to diving.

A pneumothorax that occurs while diving may be catastrophic. As the diver ascends, trapped gas expands and could produce a tension pneumothorax. In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Individuals who have experienced spontaneous pneumothorax are at risk of recurrence, and should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (eg, pleurodesis, apical pleurectomy) or may not totally correct it (eg, resection of blebs or bullae). A high-resolution CT (HRCT) scan of the lungs may reveal cysts or blebs that represent a risk. Persons who have no parenchymal abnormality on HRCT and have had bilateral surgical pleurodesis (including VATS pleurodesis) may be cleared to dive. However, in most cases, a history of spontaneous pneumothorax will be an absolute contraindication to diving. Traumatic pneumothorax is not a problem as the likelihood of subsequent spontaneous pneumothorax is vanishingly low.

Structural disorders of the chest or abdominal wall or neuromuscular disorders may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

The emergence of COVID-19 has placed an additional layer of complexity related to fitness to dive evaluations. It is beyond the scope of this document to prescribe or mandate specific tests or timelines related to fitness to dive determinations. What is of importance is awareness of the potential body systems effected by COVID-19, and to take a thoughtful and thorough history related to disease course, time since the infection resolved, and state of physical and mental health at the time of the examination.

Clinical factors that are important to consider include symptom severity during the infection and need for intensive care (e.g., ventilator support). Disease severity likely correlates with the extent of pulmonary injury and potential cardiac involvement, and in the case of intubation, may be associated with severe deconditioning, muscle atrophy and even post-traumatic stress. As such, assessment of the diver with a history of COVID-19, may require more than just a pulmonary evaluation. At the time of this publication, the medical community does not have sufficient data to support arbitrary requirements for specific testing, nor duration of post-infection convalescence after which individuals can be considered safe to return to diving.

The following documents provide current guidance on investigation of COVID-19 patients prior to diving. This is an area that is evolving and updated often; please see these resources for more current information and considerations regarding these issues.

[UC San Diego Guidelines for Evaluation of Divers during COVID-19 pandemic](#)

[Centers for Disease Control and Prevention, People Who Are at Higher Risk for Severe Illness](#)

[European Committee for Hyperbaric Medicine and European Underwater and Baromedical Society, COVID-19 Pandemic – Position Statements](#)

For those looking for aseptic practices, the following resources may be useful:

[Divers Alert Network Europe](#)

[Divers Alert Network Americas](#)

## Severe Risk Conditions

- History of spontaneous pneumothorax (see notes)
- Impaired exercise performance due to respiratory disease
- Respiratory impairment secondary to cold gas breathing
- Pulmonary hypertension



## Relative Risk Conditions

- Asthma, reactive airway disease (RAD), exercise-induced bronchospasm (EIB) or COPD (see notes)
- Solid, cystic or cavitating lesion
- Pneumothorax secondary to:
  - Thoracic surgery
  - Trauma or pleural penetration (see notes)
  - Previous overinflation injury
- Obesity
- History of immersion pulmonary edema or restrictive disease
- Interstitial lung disease: may increase the risk of pneumothorax and likely to limit exertion
- Sleep apnea

### References

Godden D, Currie G, Denison D, Farrell P, Ross J, Stephenson R, Watt S, Wilmshurst P. British Thoracic Society guidelines on respiratory aspects of fitness for diving. *Thorax*. 2003;58:3-13.

## DIVERS ALERT NETWORK (DAN)

Divers Alert Network (DAN), a non-profit organization, provides medical information and advice for the benefit of the diving public. DAN is not a regulatory agency and does not set physical standards or guidelines for scuba diving. The responsibility for the decision of whether or not to dive is generally left up to the individual, the physician, as well as the dive provider. This decision, however, should be based on the most current diving medical information available.

DAN may be able to provide current medical literature and information that can be used to assist in this decision-making process. If desired, DAN may also provide referrals to local physicians who are knowledgeable in dive medicine and physiology. However, DAN cannot and does not decide whether an individual may or may not participate in the sport of scuba diving. For more information, please feel free to contact one of the DAN offices listed below.

### DAN (US)

Physicians and other medical professionals associated with DAN are available for consultation by phone, during normal business hours Monday through Friday, 8:30 AM to 5:00 PM Eastern Time US.

+1-919-684-2948 ext. 6222

[www.DAN.org](http://www.DAN.org)

### DAN Europe (Italy)

+39-085-8930333

[www.DANEurope.org](http://www.DANEurope.org)

### DAN World (Australia)

+61-3-9886-9166

[www.DANAP.org](http://www.DANAP.org)

### DAN Southern Africa (South Africa)

+27-11-266-4900

[www.DANSA.org](http://www.DANSA.org)

### DAN Japan (Yokohama)

+045-228-3066 Medical Information Line service is provided in Japanese only.

[www.dan-japan.gr.jp](http://www.dan-japan.gr.jp)

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*These guidelines were created by the [Diver Medical Screen Committee \(DMSC\)](#). The DMSC periodically reviews them to ensure they continue to represent current best practice in hyperbaric medicine.*



# Release of Liability/Assumption of Risk/Non-agency Acknowledgment Form Continuing Education Administrative Document

**NOTE: Also complete and attach the Diver Medical Form (Product No. 10346)**

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgment and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, , understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws. I have read the above statements and have had any questions answered to my satisfaction.

I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

## NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT

I understand and agree that PADI Members (“Members”), including Sea Base / BSA and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations (“PADI”). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members’ business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of

Sea Base / BSA and/or the instructors and divemasters associated with the activity.

**Release of Liability/Assumption of Risk/Non-agency Acknowledgment Form**  
**Continuing Education Administrative Document** *continued*

**LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT**

I, [redacted], hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death. I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand this Liability Release and Assumption of Risk Agreement (Agreement) hereby encompasses and applies to all diver training activities and courses in which I choose to participate. These activities and courses may include, but are not limited to, altitude, boat, cavern, AWARE, deep, enriched air, photography/videography, diver propulsion vehicle, drift, dry suit, ice, multilevel, night, peak performance buoyancy, search & recovery, rebreather, underwater naturalist, navigator, wreck, adventure diver, rescue diver and other distinctive specialties (hereinafter "Programs").

I understand and agree that neither my instructor(s), divemasters(s), the facility which provides the Programs

Sea Base / BSA, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors 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 me, my family, estate, heirs or assigns that may occur as a result of my participation in the Programs or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in the Programs, I hereby personally assume all risks of the Programs, whether foreseen or unforeseen, that may befall me while I am a participant in the Programs including, but not limited to, the academics, confined water and/or open water activities. I further release, exempt and hold harmless said Programs and Released Parties from any claim or lawsuit by me, my family,

estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification(s).

I understand that past or present medical conditions may be contraindicative to my participation in the Programs. I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicated to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I affirm it is my responsibility to inform my instructor of any and all changes to my health condition at any time during my participation in the Programs and agree to accept responsibility for my failure to do so.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this Liability Release and Assumption of Risk Agreement, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I hereby state and agree this Agreement will be effective for all activities associated with the Programs in which I participate within one year from the date on which I sign this Agreement.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, [redacted] HAVE COMPLETED THE ATTACHED DIVER MEDICAL FORM (10346) AND I AFFIRM IT IS MY RESPONSIBILITY TO INFORM MY INSTRUCTOR OF ANY AND ALL CHANGES TO MEDICAL HISTORY AT ANY TIME DURING MY PARTICIPATION IN SCUBA PROGRAMS. I AGREE TO ACCEPT RESPONSIBILITY FOR OMISSIONS REGARDING MY FAILURE TO DISCLOSE ANY EXISTING OR PAST HEALTH CONDITION, OR ANY CHANGES THERETO.

I, [redacted] BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, DIVEMASTERS, THE FACILITY WHICH OFFERS THE PROGRAMS AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AND RELEASED PARTIES 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.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, DIVER MEDICAL AND STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING BY READING THEM BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

[redacted]  
Participant's Signature

[redacted]  
Date (Day/Month/Year)

[redacted]  
Signature of Parent or Guardian (where applicable)

[redacted]  
Date (Day/Month/Year)



# FLORIDA ADDENDUM NOTICE TO THE MINOR CHILD'S PARENT OR NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF

SEA BASE / BSA, AND/OR

PADI AMERICAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS, USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM

SEA BASE / BSA

, AND/OR PADI AMERICAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND

SEA BASE / BSA

, AND/OR PADI AMERICAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent of Natural Guardian (where applicable)

Date (Day/Month/Year)

Please identify minor child/children participants below:  
(Minor Child means person under the age of 18)

Minor Child Name

Birth Date (Day/Month/Year)