

Minnesota Commercial Diver Training Center
712 Washington Street
Brainerd, MN 56401
218-829-1191

MEDICAL ACCEPTANCE FORM

APPLICANT'S NAME

ADDRESS

AGE

TELEPHONE NO.

CITY

STATE

ZIP

TO THE PHYSICIAN:

This person has applied for admission to Minnesota Commercial Diver Training Center for training in commercial diving as a topside diving team member and/or as a diver.

All candidate diving personnel must undergo a thorough physical examination prior to being exposed to hyperbaric conditions. Subsequent to the initial examination, all diving personnel must be re-examined in the event of a diving injury or serious illness.

The examining physician should interpret any physical findings on the basis of the kind of occupation to which the applicant aspires. For example, a position as an air diver requires a less extensive examination than does a position as a saturation diver, but more extensive than that required for topside personnel. With this as a frame of reference, the applicant's cardiovascular, gastro-intestinal, genito-urinary and neuro-muscular systems should be assessed to determine if the **physical exertion** necessitated by the **type of diving** planned will be harmful to the organ system in question: and if the condition of any organ system would make it difficult or impossible for the prospective diver to carry out the planned exercise or exertion.

Laboratory procedures may be employed at the discretion of the examining physician depending upon the strenuousness of the anticipated diving operations. These may include: Stress electrocardiography, tests demonstrating sensitivity to oxygen and carotid sinus sensitivities, full chest film, pulmonary function tests (i.e.. radiographic examination for dysbaric osteonecrosis, special blood studies and electro-encephalography).

Physician Qualifications: Preferably, the examining physician should be familiar with and experienced in the physical requirements and medical aspects of compressed gas diving. In the absence of an examiner with knowledge of hyperbaric medicine, examinations should be made by a physician who understands the need and purpose of the examination, and who has had prior experience in examining individuals who will be exposed to strenuous work conditions and hazardous environments.

PHYSICIAN'S RECOMMENDATION

_____ **APPROVAL:** I have examined the applicant and have found no defects which I consider to be incompatible with diving.

_____ **CONDITIONAL APPROVAL:** _____

_____ **DISAPPROVAL:** The applicant has defects which, in my opinion, clearly would constitute unacceptable hazards to his health and safety in diving.

Date of last Tetanus Toxoid booster _____ (Must be within 5 years of class start date.)

Physician's Signature

Physician's Address and Telephone
(Please use stamp or attach business card.)

Date