New Zealand Occupational Diving Medical Examination

This examination can ONLY be completed by a registered Medical Practitioner who is listed with the New Zealand Department of Labour as a Designated Diving Doctor.

To be completed at least every 5 years, or as determined by the Diving Medical Consultant. A self-check questionnaire must also be completed at this time.

NAME OF CANDIDATE: ______________________________________________

**General comments.** Describe the candidate in terms of obesity, muscularity, build and demeanour.

**Visual acuity**

<table>
<thead>
<tr>
<th></th>
<th>Uncorrected</th>
<th>Corrected</th>
<th>Near vision</th>
<th>Colour perception</th>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>6/</td>
<td>6/</td>
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<td>Left</td>
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**BP**

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<tr>
<th></th>
<th>Pulse</th>
<th>Urinalysis</th>
<th>Prot</th>
<th>Glu</th>
<th>Blood</th>
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**Cranial nerves**

- Head, Scalp, Face, Neck ...........  □ Normal □ Abnormal
- Ophthalmoscopy .......................  □ Normal □ Abnormal
- Pupils ..................................  □ Normal □ Abnormal
- Eye movements .........................  □ Normal □ Abnormal
- Visual fields ...........................  □ Normal □ Abnormal
- Nose, Septum, Airway, Sinuses ......  □ Normal □ Abnormal
- Mouth, Throat, Teeth, Speech .......  □ Normal □ Abnormal
- Ears - external .......................  □ Normal □ Abnormal
- Tympanic membrane  R ............  □ Normal □ Abnormal
- L ............ □ Normal □ Abnormal
- Eustachian tubes (ear clearing)  R ........... □ Normal □ Abnormal □ With difficulty/alternate manoeuvres □ Nil/Unsatisfactory
- L ............ □ Normal □ Abnormal □ With difficulty/alternate manoeuvres □ Nil/Unsatisfactory
- Chest & lung fields ...................  □ Normal □ Abnormal
- Cardiac auscultation ..................  □ Normal □ Abnormal
- Abdomen ..................................  □ Normal □ Abnormal
- Lymph nodes .............................  □ Normal □ Abnormal
- Posture & gait ...........................  □ Normal □ Abnormal
- Spine .....................................  □ Normal □ Abnormal
- Upper limbs .............................  □ Normal □ Abnormal
- Lower limbs .............................  □ Normal □ Abnormal
- Peripheral pulses ......................  □ Present □ Reduced □ Absent

**Tendon reflexes**

- Absent = o
- Weak = +
- Mid-range = ++
- Brisk = +++

New Zealand Occupational Diving Medical Examination updated 19/04/2007
Sensation:  □ Normal  □ Abnormal  Describe

Cerebellar functions:  □ Normal  □ Abnormal  Describe

| Sharpened Romberg test | Time stable | ...........s | No. of attempts | ................. | Best of 3 | ................. |

Interview:
Conversations and recall ........................................... □ Normal  □ Abnormal  Comment: ...........................................
Literacy and numeracy ........................................... □ Normal  □ Abnormal  Comment: ...........................................
Does this person appear cognitively and psychologically suitable to work as a diver?  □ Yes  □ No – Describe:

Exercise tolerance:
Fitness acceptable – History  □ Exercise test requested  □ Exercise test performed (specify type and result):

Investigations obligatory:
Lung function .............. □ Normal  □ Abnormal  FEV1 =  FVC =  (attach Spirometry at least every 5 years)
Audiometry .................. □ Normal  □ Abnormal  (attach Audiogram)

Tympanometry (optional)  □ Normal  □ Abnormal
CXR (if indicated)  □ Normal  □ Abnormal  Date __/__/____
Long Bone Survey (optional)  □ Not indicated  □ Recommended
Other tests ............................................................... □ Nil reqd  □ Indicated (specify) ...........................................
Other abnormalities .................................................. □ Nil notes  □ Noted (specify) ...........................................

Examiner’s signature ..................................................  Examiner’s name (print) ................................................
Date .................................................................  Candidate’s signature: ................................................

Medical Fitness Recommendation: (to be completed by Certifier)  
□ Fit to dive/work under pressure:
  a)  □ All occupational diving, including recreational industry
      or
  b)  □ Limited to (specify diving work type) ..............................................
      □ Permanently unfit
      □ Temporarily unfit – Review date ..............................................
      □ Other .................................................................

Certifier’s official stamp and date: