

# 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.

<b>Visual acuity</b>						
	Uncorrected	Corrected	Near vision	Colour perception	Height	Weight
Right	<input type="text" value="6/"/>	<input type="text" value="6/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Left	<input type="text" value="6/"/>	<input type="text" value="6/"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BP	<input type="text" value=" /"/>		Pulse	<input type="text" value=" /min"/>	Urinalysis	Prot <input type="checkbox"/> Glu <input type="checkbox"/> Blood <input type="checkbox"/>

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

<b>Tendon reflexes</b>	Absent   Weak   Mid-range   Brisk
Absent = o	
Weak = +	
Mid-range = ++	
Brisk = +++	

Sensation:  Normal  Abnormal Describe

Cerebellar functions:  Normal  Abnormal Describe

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

Interview: .....  
Conversation 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:  
  
  
  
  
Signed .....