

Occupational diver medical assessment questionnaire

Occupational divers are required to be medically fit to hold a current Certificate of Competence (CoC). This questionnaire is part of the medical assessment of fitness for occupational diving.

In New Zealand you must undergo a full diving medical examination carried out by a Designated Diving Doctor (DDD): worksafe.govt.nz/topic-and-industry/occupational-diving/designated-diving-doctors

The completed medical examination results, any required tests and this questionnaire must be forwarded (within 28 days and along with the \$97.00 processing fee) to the specialist Diving Medical Consultants (DMC) at the Diving and Hyperbaric Medical Services (DHMS). See contacts below.

If deemed **unfit to dive**, the DMC will request further evaluation by an appropriate medical specialist.

If deemed **fit to dive** the DMC will issue a DHMS Medical Clearance valid for 12 months from your last assessment, along with a requirement for the date of your next full medical examination. A full medical examination may be required annually, you may have an exemption up to five years, and a conditional certificate may be issued where indicated as appropriate.

To maintain a current DHMS Medical Clearance this Occupational Diver Medical Assessment Questionnaire must be completed annually by the diver and sent in to the DHMS as outlined above, along with any tests or examinations specified on the certificate.

This questionnaire is regarded as an acceptable assessment by WorkSafe New Zealand for medical clearance of occupational divers provided a full medical examination is completed as determined by the DMC. This also meets the NZ requirement of AS/NZS 2299 Part 1 as well as the Health and Safety in Employment Regulations 1995 (regulation 49). You are able to complete this questionnaire, scan and up-load your full medical examination and tests if required and make payment online at: www.divemedics.co.nz

Alternatively, the full medical, questionnaire and any tests need to be scanned and emailed as a PDF file to: divemedics@gmail.com

The \$97.00 processing fee will then need to be paid by direct credit; Diving and Hyperbaric Medical Services, Westpac, 03 0104 0144682 000. If the applicant is deemed fit to dive, a medical clearance will be issued to the diver via email. Most assessments will be processed within 10 working days unless further investigations are required. Any queries about this process should be emailed to: divemedics@gmail.com

Where a diver suffers an accident, illness, a change of medication, or any medical circumstance which is likely to affect their medical fitness to dive, a new full medical assessment must be completed prior to recommencing work. Diving Hyperbaric Medical Services may also consider an appropriate medical clearance obtained overseas as part of this process. This should be discussed directly with Diving Hyperbaric Medical Services by email to: divemedics@gmail.com

This completed form should be sent to:

Diving Hyperbaric Medical Services

Email: divemedics@gmail.com

Website: www.divemedics.co.nz

1. Applicant details

Name:	
Postal address:	
Residential address:	<input type="radio"/> Same as above
Email:	
Phone: (daytime)	
Mobile phone:	
Date of birth:	DD / MM / YEAR

Diver occupation

What is the main category of diving you have worked in over the past year:

- Instructing/recreational dive industry
- Scientific/film/aquarium work
- Aquaculture
- Construction/Commerical
- Military/Police/Customs/Fire
- Other:

Usual diving doctor:

Usual family doctor:

Usual employer:

Employer contact number:

Date: DD / MM / YEAR



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2. Questionnaire

1. Approximately how many compressed gas dives have you done in the past year?

0-50 51-200 >200

2. How many years have you engaged in compressed gas diving?

3. Have you had any health problems that are related to underwater diving (including decompression illness)?

Yes No
(if yes, provide details of dates, treatment received and location of any treatment facilities)

4. Have you had or do you have any physical or mental health conditions?
(if yes, provide details)

Yes No

5. Have you been hospitalised (including mental health facilities)?
(if yes, provide details)

Yes No

6. In the past 12 months have you had:

Chest x-ray Yes No

Lung function test Yes No

Challenge tests for asthma Yes No

Hearing tests Yes No

(if yes, provide details including why the tests were done)

7. Are you taking any prescribed medication (excluding the oral contraceptive)?
(if yes, provide details)

Yes No

8. What other occupations or sports do you take part in?

9. Are you or may you be pregnant?
(females only)

Yes No

10. Do you or have you had asthma?
(if yes, provide details)

No Rarely
 Often

11. Do you experience any breathlessness, chest pain or tightness, or wheeze or cough during exercise or at night?
(if yes, provide details)

Yes No

12. Have you had any problems with your vision (difficulty seeing clearly or distinguishing between colours)? This does not include wearing of glasses/lenses/laser correction.
(if yes, provide details)

Yes No

13. Have you had any problems with ringing in your ears (tinnitus) or with a sense of spinning (either you spinning around or the sense of the room spinning around you)?

No Rarely
 Often

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14. Have you had any neck, back, bone or joint problems? (if yes, provide details) Yes No

15. Do you or have you experienced numbness and tingling and/or weakness or heaviness in your limbs after diving? (if yes, provide details) Yes No

16. Do you or have you experienced frequent headaches? This excludes occasional minor headaches. (if yes, provide details) Yes No

17. Do you or have you experienced any form of fits, fainting, turns, epilepsy or convulsion? (if yes, provide details) No Rarely Often

18. Do you or have you experienced any difficulty with your ears when diving or flying? (if yes, provide details) Yes No

19. Do you or have you experienced any form of chronic sinusitis? (if yes, provide details) Yes No

20. Do you or have you ever suffered any problems with hearing? (if yes, provide details) Yes No

21. Do you or have you experienced any state of confusion or impaired consciousness level? This excludes minor concussion from a sporting injury. (if yes, provide details) Yes No

22. Have you ever suffered from a head injury which caused you to lose consciousness? (if yes, provide details) Yes No

23. Do you have diabetes? (if yes, provide details, especially noting the medication that you take and if you have had any reactions or unwanted outcomes from this) Yes No

24. Have you had any abnormal results from blood or urine tests for sugar? (if yes, provide details) Yes No

25. Have you experienced unusual beating sensations (palpitations) in your chest? (if yes, provide details) Yes No

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26. Have you suffered any heart disease or blood pressure problem? Yes No
(if yes, provide details)

27. Have you recently had any form of tooth pain related to diving? Yes No
(if yes, provide details)

28. Do you or have you had an illness which affects your nervous system (brain and/or nerves)? Yes No
(if yes, provide details)

29. Do you have any conditions affecting your blood in any way (for example, anaemia, problems with clotting, or haemoglobin disorders)? Yes No
(if yes, provide details)

30. Do you currently smoke? Yes No

If so, how many cigarettes/day:

Have you ever smoked? Yes No

If so, how many years did you smoke for:

How many years since you stopped:

31. Do you or have you suffered from any form of respiratory illness (for example, pleurisy, coughing up blood), or injury (for example, collapsed lung – pneumothorax) or infection (for example, pneumonia or TB)? Yes No
(if yes, provide details)

32. Have you undergone any surgery which involved your chest? Yes No
(if yes, provide details)

33. Approximately how many standard-sized alcoholic drinks do you consume per week?

0-10 11-20 21-30 more than 30

34. Do you currently use, or have you in the past six months used recreational drugs? Yes No
(if yes, provide details)

35. Are there any other ongoing medical conditions? Yes No
(if yes, provide details)

36. Have you ever tested positive to COVID-19? Yes No
(if yes, provide details)

If Yes, did you experience any symptoms at all? Yes No

If Yes, were your symptoms:

a. mild and lasted less than two weeks? Yes No

b. moderate (hospitalised and required oxygen and chest X-ray)? Yes No

c. severe (hospitalised and needed high-dependency/ICU-level care)? Yes No

If you were symptomatic, has your fitness level returned to normal for you? Yes No

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3. Declaration

Consent

I understand that access to data contained in my individual occupational diver's medical record is restricted to myself and authorised WorkSafe New Zealand and medical personnel. I also understand that this data may be used, once de-identified, for research which is specifically designed to detect any increased occupational risks and which has been approved by an accredited ethics committee. I have the right to know the results of any such research. Any other individual or organisation seeking access to my individual details must first provide WorkSafe with written proof of my approval.

I also understand my employer and I are required to inform the Diving Hyperbaric Medical Services of any accident or illness that may affect my diving fitness. (Refer 4.1 of WorkSafe's *Working safely in the occupational diving, snorkelling, and free-diving industries - a guide for PCBU's*.)

Signature of applicant:

Date: DD / MM / YEAR

