

# Occupational diver medical assessment questionnaire

Occupational divers in New Zealand must undergo a full diving medical examination every five years, or as determined by the Diving Medical Consultant (DMC). The full diving medical examination must be carried out by a Designated Diving Doctor (DDD): [worksafe.govt.nz/topic-and-industry/occupational-diving/designated-diving-doctors](https://www.worksafe.govt.nz/topic-and-industry/occupational-diving/designated-diving-doctors)

**The completed medical examination results, any tests and this questionnaire must be forwarded along with the \$97.00 processing fee (within 28 days) to Diving and Hyperbaric Medical Services at: [divemededs@gmail.com](mailto:divemededs@gmail.com) or [www.divemededs.co.nz](http://www.divemededs.co.nz) If deemed unfit to dive, the DMC will request further evaluation by an appropriate medical specialist.**

During the interim four-year period, an Occupational Diver Medical Assessment Questionnaire must be completed annually by the diver. This questionnaire is part of the medical assessment of fitness for occupational diving. It is regarded as an acceptable assessment by WorkSafe New Zealand for medical clearance of occupational divers provided a full medical examination is completed every five years (or as determined by the DMC). This meets the requirement of AS/NZS 2299 Part 1 as well as the Health and Safety in Employment Regulations (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.divemededs.co.nz](http://www.divemededs.co.nz)

Alternatively, the full medical, questionnaire and any tests need to be **scanned and emailed as a PDF file to: [divemededs@gmail.com](mailto:divemededs@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: [divemededs@gmail.com](mailto:divemededs@gmail.com)

**The full medical must be completed in the year of application for a certificate of competency, or renewal of a certificate of competency. A medical clearance (within the last six months) will be required at the time of applying for a certificate of competency.**

Where a diver suffers an accident, illness, a change of medication, or any medical circumstance which is likely to effect 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 [divemededs@gmail.com](mailto:divemededs@gmail.com)

This completed form should be sent to:

**Diving Hyperbaric Medical Services**

Email: [divemededs@gmail.com](mailto:divemededs@gmail.com)

Website: [www.divemededs.co.nz](http://www.divemededs.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
- Military/Police/Customs/Fire
- Commercial
- Other:

Usual diving doctor:

Usual family doctor:

Usual employer:

Employer contact number:

Date: DD / MM / YEAR

# Occupational diver medical assessment questionnaire

## 2. Questionnaire

1. How many compressed gas underwater dives have you made in the last year?

- Beyond 30 metres:
- Mixed gases:
- Nitrox:
- Heliox:
- Trimix:
- Other:

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)

Date: DD / MM / YEAR

4. Have you had or do you have any physical, psychological (eg fears of confined spaces or water) or mental health conditions?  Yes  No

(if yes, provide details)

5. Have you been hospitalised (including mental health facilities)?  Yes  No

(if yes, provide details)

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 medication on a regular or occasional basis?  Yes  No

(if yes, provide details)

8. Are you allergic to any agents, drugs or substances?  Yes  No

(if yes, provide details)

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

10. Are you or may you be pregnant?  Yes  No  
(females only)

11. Do you or have you had asthma?  No  Rarely  Often  
(if yes, provide details)

12. Do you experience any breathlessness, chest pain or tightness, or wheeze or cough during exercise or at night?  Yes  No

(if yes, provide details)

# Occupational diver medical assessment questionnaire

13. Have you had any problems with your vision (difficulty seeing clearly or distinguishing between colours)?  Yes  No

(if yes, provide details)

14. 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

15. Have you had any neck, back, bone or joint problems?  Yes  No

(if yes, provide details)

16. Do you or have you experienced numbness and tingling and/or weakness or heaviness in your limbs after diving?  Yes  No

(if yes, provide details)

17. Do you or have you experienced any form of recurring headaches?  Yes  No

(if yes, provide details)

18. Do you or have you experienced any form of fits, fainting, turns, epilepsy or convulsion?  No  Rarely  Often

(if yes, provide details)

19. Do you or have you experienced any difficulty with your ears when diving or flying?  Yes  No

(if yes, provide details)

20. Do you or have you experienced any form of chronic sinusitis?  Yes  No

(if yes, provide details)

21. Do you or have you ever suffered any problems with hearing?  Yes  No

(if yes, provide details)

22. Do you or have you experienced any state of confusion or impaired conscious level?  Yes  No

(if yes, provide details)

23. Have you ever suffered from a head injury which caused you to lose consciousness?  Yes  No

(if yes, provide details)

24. Do you have diabetes mellitus?  Yes  No

(if yes, provide details, especially noting the education that you take and if you have had any reactions or unwanted outcomes from)

# Occupational diver medical assessment questionnaire

25. Have you had any blood or urine tests for sugar?  Yes  No

(if yes, provide details)

26. Do you experience ankle swelling?  Yes  No

(if yes, provide details)

27. Have you experienced unusual beating sensations (palpitations) in your chest?  Yes  No

(if yes, provide details)

28. Have you suffered any heart disease or blood pressure problem?  Yes  No

(if yes, provide details)

29. Have you suffered any bone fractures or joint injuries/disease?  Yes  No

(if yes, provide details)

30. Have you recently had any form of tooth pain related to diving?  Yes  No

(if yes, provide details)

31. Do you or have you had an illness which affects your nervous system (brain and/or nerves)?  Yes  No

(if yes, provide details)

32. Do you have any conditions affecting your blood in any way (eg anaemia, problems with clotting, or haemoglobin disorders)?  Yes  No

(if yes, provide details)

33. 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:

34. Do you or have you suffered from any form of respiratory illness (eg pleurisy, coughing up blood), or injury (eg collapsed lung – pneumothorax) or infection (eg pneumonia or TB)?  Yes  No

(if yes, provide details)

35. Have you undergone any surgery which involved your chest?  Yes  No

(if yes, provide details)

36. Do you suffer sea sickness?  Yes  No

If yes, do you ever take medication for the problem?  Yes  No

(if yes, provide details)

# Occupational diver medical assessment questionnaire

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

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

38. Do you currently use, or have you in the past six months used recreational drugs?    Yes    No

(if yes, provide details)

39. Are there any other ongoing medical conditions?    Yes    No

(if yes, provide details)

## 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 New Zealand with written proof of my approval.

I hereby declare that, to the best of my knowledge, the above details are true and correct. I also understand my employer and I are required to inform WorkSafe New Zealand and a NZ Registered Designated Diving Doctor of any accident or illness that may affect my Diving Fitness. (Refer 3.1 of the Guidelines for Occupational Diving.)

Signature of applicant:

Date: DD / MM / YEAR

