



## **Recreational Diving Medical Declaration**

# New divers should not commence diving training and existing divers should not dive until they have completed this medical declaration or had a medical examination confirming fitness to dive.

#### preted this medical declaration of had a medical examination commining fitnes:

Fees for a medical examination are the responsibility of the diver.

NOTES TO DIVER: It is necessary for members of the above organisations to complete this form annually on renewal of membership. In the interim if a diver has a new heath problem that results in a "Yes" as below they must contact a UKDMC Medical Referee for advice. Exceptional fitness is not essential; both men and women can dive safely provided they are reasonably fit. If you have any queries then please contact a UKDMC Medical Referee (listed on http://ukdmc.org).

#### IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION WILL INVALIDATE YOUR INSURANCE. YOU MUST DECLARE ANY MEDICAL PROBLEM PAST OR PRESENT OR ANY CHANGE IN HEALTH AS THIS MAY AFFECT YOUR FITNESS TO DIVE. BLOCK CAPITALS PLEASE

Nai	ne:		Date of birth:		
Ado	dress:				
Em	ail:	Telephone:	Occupation:		
Div	e organisation:	Branch:	Membership no:		
	Have you ever had or suffered from -			Yes	No
1		nd circulation including high blood pres neart attack, heart rhythm problems, he			
	Chest or heart surgery?				
	Significant bleeding or blood disorders?				
4	Asthma, chronic obstructive airways dise	ase or ever used an inhaler?			
5	Collapsed lung, pneumothorax or any or	ther lung injury or problem (except COVII	D-19)?		
6	A requirement for Medical Referee asse	ssment in the guidance on return to divin	g after COVID-19 at ukdmc.org	'	
7	Blackouts, loss of consciousness, any on	going secondary effects of this, fainting c	or recurrent dizziness?		
8	Abdominal surgery, Ileostomy, colostom	ny or repair of a hiatus hernia?			
9	Epilepsy or fits?				
10	Disease of the brain or nervous system (	ncluding strokes or multiple sclerosis) or	recurrent migraines?		
11	Back or spinal surgery or any serious ba	ck problems?			
12	Psychological illness of any kind, neurodiv	versity (ASD/ADHD), fear of small spaces, se	uicidal thoughts or panic attacks?		
13	Diabetes? All diabetics require a medica	I & need to complete Diabetes forms A &	B annually (see ukdmc.org)		
14	Cancer, malignant disease or a tumour?				
15	Decompression illness, immersion induc	ed pulmonary oedema or other diving rela	ited problem?		
16	Do you currently have a requirement for	any prescribed medication (except the co	ontraceptive pill)?		
17	Do you have a BMI of 40 or greater? To o	calculate BMI go to www.nhs.uk			
18	Have you had regular ear problems in th	e past 10 years?			
19	Have you had a head injury with loss of	consciousness in the past 5 years?			
20	Have you had any problem with alcohol	or drug abuse in the last 5 years?			
21	Have you ever been refused a diving me	dical certificate or life insurance or been o	ffered special terms?		
22	Are you currently receiving medical care limiting illnesses that have completely re tract with a UKDMC Medical Referee).	or have you consulted a doctor in the las solved? (Please discuss any symptoms of t	t year other than for mild self the upper or lower respiratory		
23	Are you concerned about any other mec	lical issue that has not been covered by the	ne questions on this page?		
		o certify that I have declared everything nyself and/or buddy at risk of harm or c		e:	

(Signature of Parent or Guardian if under the age of 18)

IF YOU THINK YOU MAY BE PREGNANT OR ARE TRYING TO GET PREGNANT SPEAK TO A UKDMC MEDICAL REFEREE ABOUT THE IMPLICATIONS FOR DIVING

Divers answering '**Yes**' to any question above must seek advice from a UKDMC Medical Referee. Please be aware that many UKDMC Medical Referees are in full time employment so allow a reasonable amount of time for your enquiry to be processed.

Only page 1 is required for divers answering No to all questions - if answering Yes complete pages 2 and 3 which can be downloaded from ukdmc.org



UK Diving Medical Committee http://ukdmc.org







IMPORTANT - if you have answered yes to any question on page 1 please give details below.

I authorise any doctor who has attended me to disclose my relevant medical history, if Referee.	requested, to the UKDMC Medical
Signed:	Date:

IMPORTANT - pages 1 and 2 are confidential between the diver and the UKDMC Medical Referee. Please read the following instructions - If you have answered 'Yes' to any question on page 1 or if you are unsure on any area, you should seek advice from a UKDMC Medical Referee. From a telephone call or email enquiry, the UKDMC Medical Referee may only need to sign Page 3 without the need for an examination. Please take a copy of this form and send the original to the UKDMC Medical Referee, by post or email as arranged together with the required fee and a stamped self-addressed envelope. When returned to you, hand a copy of Page 3 to your Diving Officer or equivalent and retain the original as explained below. The UKDMC Medical Referee may require a statement from your GP or any specialist and/or need to see you for an examination. If an examination is required and you are found fit to dive, the UKDMC Medical Referee will also complete page 3 with an expiry date or a statement that further medical assessment is not required unless you develop a new medical problem. As above hand a copy of Page 3 to your Diving Officer or equivalent and retain the original with your Qualification Record Logbook. You need to review the declaration each year to check there is no new problem and if not take a copy of Page 3, initial and date the small box confirming this and give this copy to your Diving Officer or equivalent. Keep the original Page 3 to review and initial and date each year until the certificate expires or you develop a new medical problem or require new medication at which point you need to contact a UKDMC Medical Referee.

#### Please copy only page 3 to your Branch/Club





BLOCK CAPIT	ALS PLEASE								
Name:						Da	te of birth:		
Address:									
Email:			Tele	ephone:		Oc	cupation:		
Dive organ	isation:		Branch	:		Me	embership i	10:	
Dive organisation:  Branch:  Membership no:    Recreational Medical Certificate    For completion by a UKDMC Medical Referee only    If you disagree with the UKDMC Medical Referee's decision and this is not resolvable with discussion you may contact the UKDMC directly via the secretary at ukdmc.org  a.  In light of my assessment I hereby confirm I have not identified any medical condition that I consider incompatible with recreational diving (delete if N/A).    With the following restrictions if relevant									
their medic Indefinite The diver sho	al declarations of the save a constraint of th	a change in t on form to a l o <b>r for</b> opy of this forr ree signed this	JKDMC Me <b>years</b> n & initial &	edical Refer	ee:				
Initial									
Date:									
c. In li Signature of Print Name: GMC numbe Referee sta	UKDMC Med	ssessment th	e diver is N	IOT fit to di	ve (delete if I		te:		

Any change in health must be declared as this may affect your fitness to dive. A copy of this completed certificate must be kept by the diver's Branch/Club during the period of validity.

### Please copy only this page to your Branch/Club



#### Guidance on Return to Recreational Diving After COVID-19– Revision 1.1

Table 1 gives the minimum time from recovery of symptoms of COVID-19 before a recreational diver should consider returning to diving. The advice for divers who had no symptoms at all (asymptomatic) throughout their illness or had mild symptoms will also depend on the total score from Table 2.

#### Table 1

COVID-19 status	Minimum recovery time (with no symptoms) before diving can resume	Table 2 total score	Assessment by UKDMC Medical Referee required
Previously asymptomatic and tested positive for coronavirus.	1 month	4 to 5	No
wously asymptomatic and tested positive for coronavirus.	THORIT	0 to 3	Yes
Previously had mild symptoms that recovered completely within a week. Back to your usual levels of fitness. NOTE: Symptoms are	1 month	4 to 5	No
mild if they are relatively minor (no shortness of breath), self- limiting and resolve within 7 days.		0 to 3	Yes
Previously had moderate symptoms. Back to your usual levels of fitness. NOTE: Symptoms are moderate if they are more than mild but not severe enough to require hospitalisation.	2 months	Any	Yes
Previously had severe symptoms requiring hospitalisation. Back to your usual levels of fitness. NOTE: Symptoms are severe where an individual requires hospitalisation, for example, because of serious respiratory problems resulting from COVID-19.	3 months	Any	Yes

#### Table 2

Factor	Score
Can answer "No" to questions 1 to 5 and 7 to 23 on the current Recreational Diving Medical Declaration.	
ADD 2 POINTS	
Age less than 45	
OR	
Received a full primary course (eg 2 doses of Pfizer, 2 doses of Astra Zeneca, 1 dose of Janssen) of any	
COVID-19 vaccine approved by UK Government ( <u>https://www.gov.uk/guidance/countries-with-approved-</u>	
covid-19-vaccination-programmes-and-proof-of-vaccination) at least 2 weeks before first symptoms or	
diagnosis of COVID-19. ADD 1 POINT	
Physical fitness (see standards below *)	
for 'GOOD' ADD 2 POINTS	
for 'SATISFACTORY' ADD 1 POINT	
TOTAL	

\*A recreational diver with a satisfactory standard of physical fitness can run 1.5 miles / 2.4 km in 20 minutes 30 seconds, or complete other exercise equivalent to a  $VO_2$  Max of 7 METS (24.5 ml / kg /min)

\*A recreational diver with a good standard of physical fitness can run 1.5 miles / 2.4 km in 12 minutes 30 seconds, or complete other exercise equivalent to a  $VO_2$  Max of 11.4 METS (40 ml / kg /min)

Any diver requiring assessment for fitness to dive or has any queries with regard to the medical implications of COVID-19 on diving please contact a UKDMC Medical Referee listed at <u>www.ukdmc.org/medical-referees/</u>

COVID-19, and the information about it, is constantly changing, hence this advice may be amended as more evidence becomes available.