NOAA Form 57-03-50
(06-17)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

MEDICAL EVALUATION CHECKLIST AND AUTHORIZATION TO DIVE

LAST NAME	FIRST NAME	MIDDLE NAME	DATE of BIRTH

UNIT DIVING SUPERVISOR'S NAME	UNIT DIVING SUPERVISOR'S E-MAIL ADDRESS
DIVE UNIT	DUTY STATION LOCATION

TYPE of EXAMINATION – Cross out non-applicable sections

☐ INITIAL (39 and younger)	☐ INITIAL (40 and older)	☐ PERIODIC (39 and younger)	☐ PERIODIC (40 and older)
Complete Sections 1 and 2	Complete Sections 1, 2 and 3	Complete Sections 1 and 4	Complete Sections 1, 3 and 4

Submit all of the documents as indicated for the type of your diving physical examination and diving certification. Attach all test results. Submit packet via secure file transfer to DMO@noaa.gov or FAX: 206-529-2759.

Section 1. All INITIAL and PERIODIC EXAMINATIONS must include the following reports and test results	
	NOAA Form 57-03-51 Report of Physical Examination – Diver
	NOAA Form 57-03-52 Report of Medical History – Diver
	Complete Blood Count (CBC)
	Complete urinalysis
	Near and distant vision tests – results

Section 2. All INITIAL EXAMINATIONS must include these additional test results	
	Spirometry test – results and interpretation
	Audiogram – results and interpretation
	Chest X-ray interpretation within the past 24 months (no films)

Section 3. All 40 and OLDER EXAMINATIONS must include these additional test results	
	12-Lead resting EKG – results and interpretation
	Lipid screening – total cholesterol, HDL, LDL, and triglycerides
	Hemoglobin (HgA1c) or fasting glucose screening

Section 4. All PERIODIC EXAMINATIONS must include this additional test (SMOKERS ONLY)	
	Spirometry test – results and interpretation (SMOKERS ONLY)

APPLICANT CERTIFICATION (initial each item and sign below):

_____ I have reviewed the attached medical information and consider the application package to be complete.

_____ I acknowledge that it is my responsibility to notify the NOAA Diving Medical Office of any illness or injury requiring medical treatment and/or surgery.

_____ I acknowledge it is my responsibility to notify my UDS and the onsite diving supervisor of any conditions or restrictions that will affect my diving on any given day. Failure to do so could compromise the mission and endanger myself or my fellow divers.

I have reviewed the attached medical information and consider the application package to be complete.

APPLICANT NAME	APPLICANT SIGNATURE	DATE

NOAA DIVING MEDICAL OFFICER APPROVAL:

I have reviewed the attached medical information and have found the applicant named above to be:

☐ Medically cleared for NOAA diving duty ☐ Not medically cleared for NOAA diving duty

DIVING MEDICAL OFFICER NAME	DIVING MEDICAL OFFICER SIGNATURE	DATE

REPORT OF MEDICAL HISTORY – DIVER

Instructions to the Applicant:

The purpose of completing NOAA Form 57-03-52, Report of Medical History – Diver, is to obtain medical data for determination of medical fitness for diving with the NOAA Diving Program (NDP). Disclosure of any and all information is purely voluntary; however, failure to provide the requested information will result in a delay or possible rejection of your application to dive or continuation to dive with the NDP.

Provide all information requested in blocks 1-9. If you do not have a middle name, leave block 1c blank. Please provide all phone numbers and e-mail addresses requested in block 5. At least one phone number must be provided. Provide complete and detailed information in blocks 10 and 11. If you do not take any medications or you do not have any allergies, indicate "None" in the appropriate block. Check either "Yes" or "No" for blocks 12 through 81 and 83, except men shall leave block 81 unchecked. Provide complete and detailed information in blocks 82a through 82c and blocks 84 through 86 as indicated.

Certify your responses as true and complete in block 87 then provide the form to the medical provider or examiner. The examiner must complete blocks 88 through 89 as part of the Physical Examination.

The examiner that provides the physical examination must be a Medical Doctor (MD), a Doctor of Osteopathy (DO), a Nurse Practitioner (NP), or a Physician's Assistant (PA). In addition to the Report of Medical History – Diver, provide the examiner a NOAA Form 57-03-51, Report of Physical Examination – Diver.

Use NOAA Form 57-03-50, Medical Evaluation Checklist, to ensure all required laboratory tests, diagnostic studies, and required documentation are completed. It is the applicant's responsibility to make sure that the examiner provides all of the required tests and records the results as indicated on each of the forms listed above. All above laboratory tests and diagnostic studies as well as the medical history and physical examination must be performed within the previous 12 months with the exception of the chest x-ray which must be performed within the previous 24 months.

Upon compilation of all required documentation, submit the original results and forms with original signatures to the NOAA Diving Medical Officer (DMO) at the NOAA Diving Center. Final determination for fitness for diving will be made by the NOAA Diving Program.
For questions, contact the NOAA Diving Medical Officer at (206) 526-6474.

Submission of medical qualification documentation must made by one of the following methods;

Preferred method: E-mailed to: DMO@NOAA.GOV
Subject: Report of Physical Examination – Diver (Last name of diver)

Please use secure file transfer such as Secure Zip or Accellion File Transfer

Or

Second preference: Fax to: 206-529-2759
Attn: NOAA Diving Medical Officer

Or

Third preference: Mailed to: NOAA Diving Medical Officer (DMO)
NOAA Diving Program
7600 Sand Point Way NE
Seattle, WA 98115

REPORT OF MEDICAL HISTORY - DIVER

1a. LAST NAME	1b. FIRST NAME	1c. MIDDLE NAME	2. DATE of BIRTH	3. DATE

4a. WORK ADDRESS	4b. BEST CONTACT PHONE NUMBER
	4c. WORK E-MAIL ADDRESS

5. STATEMENT OF PRESENT HEALTH	6. AGE	7. GENDER
	8. HEIGHT (inches)	9. WEIGHT (pounds)

10. CURRENT PRESCRIPTION and NON-PRESCRIPTION MEDICATIONS (Indicate dosage, frequency and condition being treated)	11. ALLERGIES (List all insect bites / stings, foods and medicines) Do you carry an Epi-Pen? Yes No

PAST MEDICAL HISTORY: Have you <u>ever</u> had the following? Check each item.

	YES	NO		YES	NO
12. Adverse reaction to medication			24. Pain or pressure in the chest		
13. Tuberculosis or positive TB test			25. Palpitation, pounding heart or abnormal heartbeat		
14. Exposed to someone who had tuberculosis			26. Heart murmur or other disorder		
15. Asthma or any breathing difficulty			27. Heart or blood vessel surgery		
16. Used or have been prescribed an inhaler			28. Abnormal heart anatomy or patent foramen ovale		
17. Plates, screws, rods or pins in any bone			29. Diabetes		
18. High or low blood sugar			30. High cholesterol		
19. Sugar, albumin or blood in the urine			31. Stroke		
20. Tumor, growth, cyst or cancer			32. Heart disease		
21. Aneurysm, frequent or severe headaches			33. Parent or sibling with condition indicated in 29-32		
22. Seizures, convulsions, epilepsy or fits			34. Treated in a decompression chamber		
23. Other neurologic disorder or injury			35. Medical disqualification for diving duty		

PAST MEDICAL HISTORY: Have you had the following in the <u>last ten years</u>? Check each item.

	YES	NO		YES	NO
36. Thyroid trouble or goiter			51. Rectal disease, hemorrhoids, bleeding from rectum		
37. Eye disorder or trouble			52. Shortness of breath or wheezing		
38. Surgery to correct vision (i.e. RK, PRK, LASIK)			53. Sinusitis, bronchitis or frequent colds		
39. Recurrent back pain or any back problem			54. Kidney, bladder or urination problems		
40. Nerve injury, numbness, tingling or sensitive areas			55. Head injury, memory loss or amnesia		
41. Loss of finger or toe			56. Concussion or period of unconsciousness		
42. Knee trouble (locking, giving out, pain, injury)			57. Dizziness or fainting spells		
43. Leg cramps			58. Prolonged bleeding, blood clot or embolism		
44. Painfull or swollen joints			59. High or low blood pressure		
45. Arthritis, rheumatism, tendonitis or bursitis			60. Depression, anxiety or claustrophobia		
46. Artificial joint or other deformity			61. Received counseling of any type		
47. Bone fracture or deformity			62. Been evaluated or treated for a mental condition		
48. Stomach or intestinal trouble			63. Attempted or planned suicide		
49. Jaundice, hepatitis or liver disease			64. Inability to focus or pay attention		
50. Hernia or rupture			65. Ear infection		

CURRENT MEDICAL HISTORY: Do you <u>currently</u> have any of the following? Check each item.

	YES	NO		YES	NO
66. Severe tooth or gum trouble			74. Use of prosthetic / corrective devices or braces		
67. Wear glasses or contact lenses			75. Frequent indigestion or heartburn		
68. Lack of vision in either eye			76. Skin disease (i.e. acne, eczema, psoriasis)		
69. Hay fever or allergic rhinitis			77. Recent unexplained weight loss or gain		
70. Ear, nose or throat trouble			78. Motion sickness (kinetosis)		
71. Hearing loss or wear a hearing aid			79. Difficulty distinguishing colors or seeing at night		
72. Impaired use of arms, hand, legs or feet			80. Difficulty performing moderate to heavy exercise		
73. Foot problems			81. Currently pregnant/may be pregnant (women only)		

REPORT OF MEDICAL HISTORY - DIVER

1a. LAST NAME	b. FIRST NAME	c. MIDDLE NAME	3. DATE

82. Indicate the type and frequency of use for the following.

a. Alcohol	b. Tobacco	c. Recreational drugs

PAST DIVE MEDICAL HISTORY: Have you ever had the following as a result of diving? Check each item.

	YES	NO		YES	NO
83a. Ear or sinus squeeze			g. Near drowning		
b. Inability to equalize middle ear pressure			h. Arterial gas embolism (AGE)		
c. Ruptured ear drum			i. Oxygen (O_2) toxicity		
d. Vertigo (dizziness)			j. Carbon dioxide (CO_2) toxicity		
e. Loss of consciousness or asphyxia			k. Type I DCS (pain only, itching, rash, swelling)		
f. Lung squeeze or collapsed lung (pneumothorax)			l. Type II DCS		

84. Indicate any other medical conditions not listed above.

85. Indicate date, location and reason for each hospitalization and surgery, had or advised to have within the last ten years. Indicate reasons for any declined surgery.

86. Provide a detailed explanation for each item checked "YES" in either Medical History section. Add additional pages if necessary.

APPLICANT CERTIFICATION:

87. I certify that I have reviewed the medical information provided by me. It is true and complete to the best of my knowledge. I understand that falsification of information on a Government form is punishable by fine and/or imprisonment and that incomplete information may delay or prevent my qualification for dive duty.

a. APPLICANT NAME	b. APPLICANT SIGNATURE	c. DATE

88. EXAMINER SUMMARY of DEFECTS

89a. EXAMINER NAME and TITLE	b. EXAMINER SIGNATURE	c. DATE

REPORT OF PHYSICAL EXAMINATION – DIVER

Instructions to the Examiner: (The Examiner must be a Medical Doctor (MD), Doctor of Osteopaty (DO), Nurse Practioner (NP), or Physician's Assistant (PA))

The person requesting this physical examination is an applicant for training or currently participates in diving activities with self-contained underwater breathing apparatus (SCUBA) or other similar equipment. Your opinion of the applicant's medical fitness for diving is requested. The Medical History and Physical Examination forms focus on conditions that may put a diver at increased risk for injuries or other conditions that could lead to decompression sickness or drowning. The diver must be able to withstand some degree of cold stress, pressures of up to six (6) atmospheres, the physiologic effects of immersion, the optical effects of water, and have sufficient physical and mental reserves to deal with underwater emergencies.

Please review the applicant's responses to all items in blocks 5 through 86 on the NOAA Form 57-03-52, Report of Medical History – Diver. All Items must be completed, except men shall leave block 81 unchecked.

Please provide a comprehensive physical examination and complete blocks 5 through 49 on pages 2 through 4 of this form. Summarize any abnormal findings and pertinent data in block 46, provide a recommendation in block 47, and include your name, title, signature, and date in blocks 49a through 49e. Some items include specific directions. Any item not completed will result in the form being returned to you for completion. This will result in a delay in the processing of a dive application or renewal of a diving certification.

The applicant will also provide to you a NOAA Form 57-03-50, Medical Evaluation Checklist. Use this form to determine which laboratory tests and diagnostic studies are required based on the applicant's age and examination type. All above laboratory tests and diagnostic studies as well as the medical history and physical examination must be performed within the previous 12 months with the exception of the chest x-ray, which must be performed within the previous 24 months. If you conduct other laboratory tests or diagnostic studies as part of this physical examination, include copies of these results with the submission of the other required documentation.

Final determination for fitness for diving will be made by the NOAA Diving Program. For questions, contact the NOAA Diving Medical Officer at (206) 526-6474.

Submission of medical qualification documentation must be made by one of the following methods;

Preferred method: E-mailed to: DMO@NOAA.GOV
Subject: Report of Physical Examination – Diver (Last name of diver)

Please use secure file transfer such as Secure Zip or Accellion File Transfer

Or

Second preference: Fax to: 206-529-2759
Attn: NOAA Diving Medical Officer

Or

Third preference: Mailed to: NOAA Diving Medical Officer (DMO)
NOAA Diving Program
7600 Sand Point Way NE
Seattle, WA 98115

REPORT OF PHYSICAL EXAMINATION - DIVER

APPLICANT INFORMATION: This section must be completed by the dive applicant.

1a. LAST NAME	1b. FIRST NAME	1c. MIDDLE NAME	2. DATE of BIRTH	3. DATE of EXAM

4a. WORK ADDRESS	4b. BEST CONTACT PHONE NUMBER
	4c. WORK E-MAIL ADDRESS
	4d. ALETERNATE PHONE NUMBER

PHYSICAL EXAMINATION: This section must be fully completed by the examining medical provided (MD/DO/NP/PA only).

5. EXAM TYPE ☐ Initial ☐ Periodic	6. AGE	7. GENDER	8. HEIGHT (inches)	9. WEIGHT (pounds)

10. TEMP. (°F)	11. PULSE	12. BLOOD PRESSURE /	2nd BP (if needed) /	3rd BP (if needed) /

13. VISION CORRECTABLE TO 20/20?	14. CONTACT LENS USE WHILE DIVING OR PRESCRIPTION MASK?	15. NEAR VISION
Right eye Distant _____(Y/N) Near _____(Y/N)	☐ YES	Right eye 20 / _____ Corrected to 20 / _____
Left eye Distant _____(Y/N) Near _____(Y/N)	☐ NO	Left eye 20 / _____ Corrected to 20 / _____

GENERAL CLINICAL EVALUATION: Check each item.	Normal	Abnormal	Description of abnormality
16. Head, face and scalp			
17. Neck			
18. Eyes			
19. Fundus			
20. Ears (internal / external canals)			
21. Eustachian tube function, can perform Val Salva			
22. Tympanic membranes			
23. Nose (septal alignment)			
24. Sinuses			
25. Mouth and throat			
26. Dental (loose or decayed teeth)			
27. Lungs and chest (including breasts)			
28. Heart (thrust, size, rhythm, sounds)			
29. Pulses (equality, etc.)			
30. Vascular system (varicosities, etc.)			
31. Abdomen and viscera			
32. Hernia (all types)			
33. Feet (arch, pes cavus / planus)			
34. Spine			
35. Skin, lymphatics			

REPORT OF PHYSICAL EXAMINATION - DIVER

1a. LAST NAME	1b. FIRST NAME	1c. MIDDLE NAME	3. DATE of EXAM

NEUROLOGIC EXAMINATION: Check each item

36. Sensorium (Consciousness, intellectual, cognitive function) Normal _____ Abnormal _____

37. Cranial Nerves: (normal/abnormal)

I. Olfactory		V. Trigeminal		IX. Glossopharyngeal	
II. Optic		VI. Abducent		X. Vagus	
III. Oculomotor		VII. Facial		XI. Spinal Accessory	
IV. Trochlear		VIII. Auditory		XII. Hypoglossal	

38. Reflexes:

Deep Tendon (grade 0 – 3+, 2+ = normal)

	Left	Right		Left	Right
Brachioradialis			Patella		
Biceps			Achilles		

Pathological (+/- = presence/absence)

	Left	Right
Hoffman		
Ankle clonus		

39. Cerebellar Function

	Normal	Abnormal
Gait		
Tremor (intention)		
Finger to nose		
Heel to shin slide		
Romberg sign		

40. Proprioception (+/- = presence/absence)

	Left	Right
Joint position sense		
Vibratory sensations		
Stereognosis (ability to recognize objects by touch)		

41. Nystagmus (+/- = presence/absence)

End point (physiologic) _____

Pathological _____

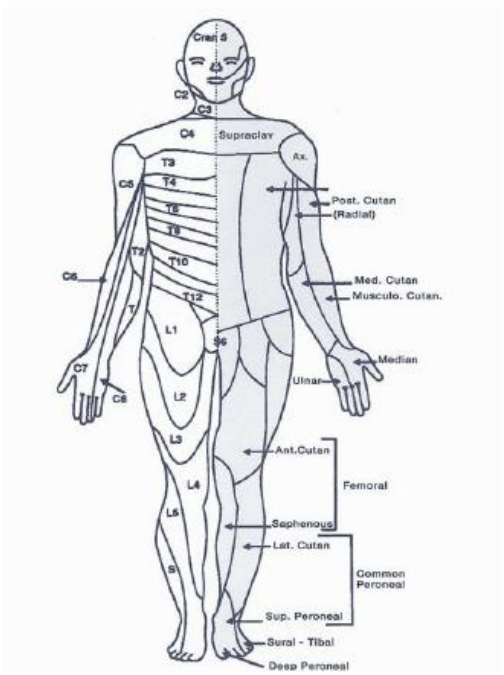
42. Muscle Strength (grade 0 – 5, 5 = normal)

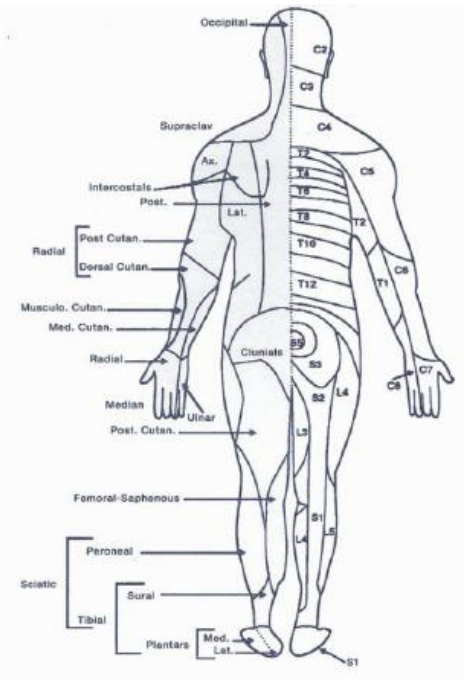
	Left	Right		Left	Right		Left	Right
Deltoids			Hips: Flexion			Knees: Flexion		
Latissimus			Extension			Extension		
Triceps			Abduction					
Biceps			Adduction			Ankles: Dorsiflexion		
Forearms						Plantarflexion		
Hands						Inversion		
Fingers						Eversion		

43. Range of Motion (+/- = normal/abnormal)

	Left	Right		Left	Right		Left	Right
Shoulders			Hips			Knees		
Elbows			Wrist			Ankles		

44. Sensation (sharp dull, two-point discrimination) Diagram and label areas of altered sensations, and surgical and traumatic scars.





REPORT OF PHYSICAL EXAMINATION - DIVER

1a. LAST NAME	1b. FIRST NAME	1c. MIDDLE NAME	3. DATE of EXAM

45. Summary of Laboratory/ancillary data. Transcribe results below or attach official laboratory report. Tests below are representative of standard analyses, yours may not list every test. Submit all test results provided.

COMPLETE URINALYSIS	
Spec. Gravity	
Ph	
Color	
Clarity	
Leuk Esterase	
Protein	
Glucose	
Ketones	
Occult Blood	
Bilirubin	
Urobilirubin	
Nitrite	

METABOLIC DATA	
Glucose	
BUN	
Creantine	
eGFR	
BUN/Cr	
Sodium	
Potassium	
Chloride	
CO_2	
Calcium	
HgA1C	

AUDIOMETRY (Only for initial physical)						
HZ	500	1000	2000	3000	4000	6000
Left						
Right						

CBC DATA	
WBC	
RBC	
Hg	
Hct	
MCV	
MCH	
MCHC	
RDW	
Platelets	

LIPID PROFILE	
Total	
Triglycerides	
HDL	
LDL	
VLDL	
LDL/HDL Ratio	

46. All abnormal physical findings must be described in detail here by number. Add additional pages if necessary.

47. Although the NOAA Diving Medical Officer will make the final determination regarding fitness for duty as a diver, are there any further concerns to this applicant's fitness for diving?

48. EXAMINATION LOCATION NAME and ADDRESS	49a. EXAMINER NAME	49b. PHONE NUMBER
	49c. EXAMINER TITLE	
	49d. EXAMINER SIGNATURE	49e. DATE