

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.

Visual acuity

	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

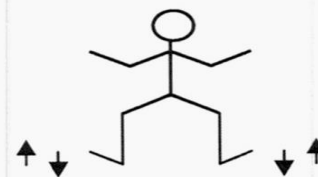
Notes & Comments

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

Tendon reflexes

Absent Weak Mid-range Brisk

Absent = 0
 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