

APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM

Name of Applicant (Print or Type) _____

I authorize the release of this information and all potentially relevant medical information subsequently acquired to the Our World-Underwater Scholarship Society, with the understanding that the information will be kept confidential within the realm of the Society, but may be shared among its officers and/or their designees where appropriate in order to ensure the safety and well-being of all parties concerned.

Signature of Applicant _____ **Date** _____

DIVING MEDICAL HISTORY FORM

(To be completed by applicant-diver)

Name _____ Age _____ Wt. _____ lb/kg Ht. _____ in/cm

Sponsor _____ Date ____/____/____ DOB ____/____/____
(Dept./Project/Program/School, etc.) (Mo/Day/Yr) (Mo/Day/Yr)**TO THE APPLICANT:**

Scuba diving places considerable physical and mental demands on the diver. The scholarship frequently involves strenuous surface and subsurface physical activity, often in remote locations away from medical care, hyperbaric chambers, or pharmacies. It is therefore mandatory to disclose any known or suspected medical conditions.

This form shall be kept confidential and will not be seen by the selection panel judging other scholarship criteria, only the physician medical evaluator in each region. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own medical provider who must then indicate, in writing, that you have done so and that no health hazard exists. If desired, your provider may discuss any concerns with the Society medical evaluator.

Selecting 'yes' to a condition does not necessarily preclude you from being eligible for the scholarship. However, medical clearance from a diving physician will be required prior to starting the scholarship for all scholars regardless of the contents of this form.

	Yes	No	Please indicate whether or not the following apply to you	Comments
1			Convulsions, seizures, or epilepsy (including febrile seizures, any age)	
2			Fainting spells or dizziness	
3			History of substance addiction	
4			Diabetes	
5			Motion sickness or sea / air sickness	
6			Claustrophobia	
7			Mental disorder or nervous breakdown	
8			If applicable, are you pregnant?	
9			Do you suffer from menstrual problems?	
10			Anxiety spells or hyperventilation	
11			Frequent sour stomachs, nervous stomachs, or vomiting spells	
12			Had a major operation	
13			Presently being treated by a physician other than routine preventative care	
14			Taking any medication regularly (even non-prescription)	
15			Been rejected or restricted from sports due to health concerns	
16			Headaches (frequent and severe)	
17			Wear dental plates	
18			Wear glasses or contact lenses	
19			Bleeding disorders	

	Yes	No	Please indicate whether or not the following apply to you	Comments
20			Alcoholism	
21			Any problems related to diving	
22			Nervous tension or emotional problems	
23			Take tranquilizers	
24			Perforated ear drums	
25			Hay fever	
26			Frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose	
27			Frequent earaches	
28			Drainage from the ears	
29			Difficulty with your ears in airplanes or on mountains	
30			Ear surgery	
31			ringing in your ears	
32			Frequent dizzy spells	
33			Hearing problems	
34			Trouble equalizing pressure in your ears	
35			Asthma or use of inhaler(s)	
36			Wheezing attacks	
37			Cough (chronic or recurrent)	
38			Frequently raise sputum	
39			Pleurisy	
40			Collapsed lung (pneumothorax)	
41			Lung cysts	
42			Pneumonia	
43			Tuberculosis	
44			Shortness of breath	
45			Lung problem or abnormality	
46			Spit blood	
47			Breathing difficulty after eating particular foods, after exposure to particular pollens or animals	
48			Are you subject to bronchitis?	
49			Subcutaneous emphysema (air under the skin)	
50			Air embolism after diving	
51			Decompression sickness	

	Yes	No	Please indicate whether or not the following apply to you	Comments
52			Rheumatic fever	
53			Scarlet fever	
54			Heart murmur	
55			Large heart	
56			High blood pressure	
57			Angina (heart pains or pressure in the chest)	
58			Heart attack	
59			Low blood pressure	
60			Recurrent or persistent swelling of the legs	
61			Pounding, rapid heartbeat or palpitations	
62			Easily fatigued or short of breath	
63			Abnormal EKG	
64			Joint problems, dislocations or arthritis	
65			Back trouble or back injuries	
66			Ruptured or slipped disk	
67			Limiting physical handicaps	
68			Muscle cramps	
69			Varicose veins	
70			Amputations	
71			Head injury causing unconsciousness	
72			Paralysis	
73			Have you ever had an adverse reaction to medication?	
74			Do you smoke, vape, or use any nicotine product? (Answer yes even if intermittent)	
75			Have you ever had any other medical problems not listed? If so, please list or describe below;	
76			Is there a family history of high cholesterol?	
77			Is there a family history of heart disease or stroke?	
78			Is there a family history of diabetes?	
79			Is there a family history of asthma?	
80			Date of last tetanus shot? Vaccination dates? COVID vaccination date(s) including each booster	

81		Status of suspected COVID-19 illness. (refer to Table 1 for categories and answer Table 2 questionnaire if 0.5 or above.)	Category Number (circle one) 0 0.5 1 2 3				
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Please explain any “yes” answers to the above questions.

I certify that the above answers and information represent an accurate and complete description of my medical history.

Signature

Date. (Mo/Day/Yr)

SARS-CoV2 (COVID-19) and Diving

In what we know of the pathophysiology of the disease, the pulmonary, cardiac, and thromboembolic/hypercoagulable concerns are relevant to divers. Potential long-term sequelae include decreased exercise tolerance, increased susceptibility to cardiac events such as heart failure, pulmonary edema, and arrhythmia, structural changes of the lung leading to increased risk for barotrauma, and increased risk of decompression sickness from underlying hypercoagulability.

We define a COVID-19-suspected illness as a diver who had symptoms consistent with COVID-19 with or without a positive PCR or rapid antigen, given that testing is not universally available or reliable. We are currently using the CDC case definition (updated Aug 24, 2021) of COVID-19 for those patients who did not have PCR or rapid antigen confirmed illness.

Please refer to the following tables to assess your current condition in diving health as it related to COVID-19 infection and exposure (Sadler et al. 2020, Sadler et al. 2022):

**UPDATED GUIDELINES FOR DIVER EVALUATION:
(AS OF FEBRUARY 4, 2022)**

Table 1) Classification of divers based on severity of COVID-19 suspected illness

Category 0 <i>NO</i> history of COVID-19 suspected illness	Category 0.5 <i>VERY MILD</i> COVID-19 suspected illness	Category 1 <i>MILD</i> COVID-19 suspected illness	Category 2 <i>MODERATE</i> COVID-19 suspected illness	Category 3 <i>SEVERE</i> COVID-19 suspected illness
Definition	Definition	Definition	Definition	Definition
<ul style="list-style-type: none"> • No history of COVID-19 or asymptomatic positive screening test 	<ul style="list-style-type: none"> • Isolated upper respiratory or systemic symptoms (rhinorrhea / congestion / pharyngitis / loss of taste or smell), fevers, fatigue, or myalgias but WITHOUT lower respiratory or cardiac symptoms. • Returned to baseline exercise tolerance. 	<ul style="list-style-type: none"> • Symptomatic COVID-19 including any of the following: Any lower respiratory or cardiac symptoms, including chest pain, palpitations, significant* cough, shortness of breath with exertion or at rest. • Outpatient treatment only without evidence of hypoxemia. • Did not require supplemental oxygen • Imaging was normal or not required • Returned to baseline exercise tolerance. 	<ul style="list-style-type: none"> • Required supplemental oxygen or was hypoxic • Had abnormal chest imaging (chest radiograph or CT scan) • Admitted to the hospital but did NOT require assisted ventilation (BIPAP, CPAP, or ventilator) or ICU level of care. • If admitted, had documentation of a normal cardiac work up including normal ECG and cardiac biomarkers e.g. troponin or CK-MB and BNP • Returned to baseline exercise tolerance. 	<ul style="list-style-type: none"> • Required mechanical or assisted (CPAP, BIPAP) ventilation, or ICU admission • Cardiac involvement defined as abnormal ECG, abnormal echocardiogram, or elevated cardiac biomarkers; e.g. troponin or CK-MB and BNP (or absence of documented work up) • Thromboembolic complications (such as PE, DVT, or other coagulopathy) • Returned to baseline exercise tolerance.

* for example, cough that is productive, prevents from sleeping, or requires medication, ultimately defined at the discretion of the evaluating physician
 * Other factors may be taken into consideration including vaccination status, as there is evidence that breakthrough infections in those vaccinated against COVID-19 results in milder disease, and regional prevalence of variants (omicron vs delta, etc).

Table 2) COVID-19 Suspected Illness Questionnaire (only to be filled out if deemed Category 0.5 or above)

	Yes	No	Please indicate whether or not the following apply to you	Comments
1			Did you seek healthcare related to COVID-19 symptoms experiences?	If 'yes', please indicate: <input type="checkbox"/> Outpatient <input type="checkbox"/> Hospital admission <input type="checkbox"/> Intensive care unit
2			Did you have a low blood oxygen level or require supplemental oxygen?	
3			Was a chest x-ray or CT scan done?	If 'yes', please indicate: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
4			Did you require assisted ventilation (BiPAP, CPAP, ventilator)?	
5			Was an evaluation of your heart done (EKG, echocardiogram, blood tests)?	If 'yes', please indicate: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
6			Did you have any blood clots or blood clotting problems?	

Table 3) Recommendations for evaluations of divers or diving candidates

Category 0 <i>NO</i> history of COVID-19 suspected illness	Category 0.5 <i>VERY MILD</i> COVID-19 suspected illness	Category 1 <i>MILD</i> COVID-19 suspected illness	Category 2 <i>MODERATE</i> COVID-19 suspected illness	Category 3 <i>SEVERE</i> COVID-19 suspected illness
<ul style="list-style-type: none"> Initial/annual exam per ADCI / AAUS / NOAA / RSTC guidelines Chest radiograph only if required per ADCI / AAUS / NOAA / RSTC guidelines No additional testing required 	<ul style="list-style-type: none"> Initial/annual exam per ADCI / AAUS / NOAA / RSTC guidelines Chest radiograph only if required per ADCI / AAUS / NOAA / RSTC guidelines No additional testing required 	<ul style="list-style-type: none"> Initial/annual exam per ADCI / AAUS / NOAA / RSTC guidelines Spirometry Chest radiograph (PA & Lateral) if abnormal, obtain Chest CT If unknown (or unsatisfactory) exercise tolerance, perform exercise tolerance test with oxygen saturation 	<ul style="list-style-type: none"> Initial/annual exam per ADCI / AAUS / NOAA / RSTC guidelines Spirometry Chest radiograph (PA & Lateral) if abnormal, obtain Chest CT ECG Echocardiogram (if no work up was done as an inpatient. Can forgo if had negative work up) If unknown (or unsatisfactory) exercise tolerance, perform exercise tolerance test with oxygen saturation Investigation and management of any other complications or symptoms per provider and ADCI / AAUS / NOAA / RSTC guidelines 	<ul style="list-style-type: none"> Initial/annual exam per ADCI / AAUS / NOAA / RSTC guidelines Spirometry Chest radiograph (PA & Lateral) (if abnormal, obtain Chest CT) ECG Repeat Cardiac troponin or CK-MB and BNP to ensure normalization Echocardiogram Exercise Echocardiogram with oxygen saturation Investigation and management of any other complications or symptoms per provider and ADCI / AAUS / NOAA / RSTC guidelines