

New Zealand occupational diving medical examination

This examination can only be carried out by a registered Medical Practitioner who is trained in Underwater and Diving Medicine and approved by the Diving Hyperbaric Medicine Service (DHMS). A list of current Designated Diving Doctors (DDD) can be found of the WorkSafe New Zealand website. This exam is to be completed annually unless the diver is exempted by the DHMS in line with New Zealand's Occupational Diving Medical Requirements.

Once completed this exam is to be sent to the DHMS along with the Diver Medical Assessment Questionnaire, for a DHMS Medical Clearance to be issued.

A current DHMS Medical Clearance must held for a New Zealand Occupational Diver to be deemed 'Medically Fit to Dive'.

Applicant details

Name of candidate:	
Date of birth: DD / MM / YEAR	
General appearance and observations:	
Height: (cm)	Weight: (kg)
BP: /	Pulse: (min)
Urinalysis: <input type="radio"/> Protein <input type="radio"/> Glucose <input type="radio"/> Blood	

5. Visual fields	<input type="radio"/> Normal <input type="radio"/> Abnormal
6. Nose, septum, airway, sinuses	<input type="radio"/> Normal <input type="radio"/> Abnormal
7. Mouth, throat, teeth, speech	<input type="radio"/> Normal <input type="radio"/> Abnormal
8. Ears - external	<input type="radio"/> Normal <input type="radio"/> Abnormal
9. Tympanic membrane	Right: <input type="radio"/> Normal <input type="radio"/> Abnormal Left: <input type="radio"/> Normal <input type="radio"/> Abnormal
10. Eustachian tubes (ear clearing)	Right: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Nil/unsatisfactory <input type="radio"/> With difficulty/alternate manoeuvres Left: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Nil/unsatisfactory <input type="radio"/> With difficulty/alternate manoeuvres
11. Chest and lung fields	<input type="radio"/> Normal <input type="radio"/> Abnormal
12. Cardiac auscultation	<input type="radio"/> Normal <input type="radio"/> Abnormal
13. Abdomen	<input type="radio"/> Normal <input type="radio"/> Abnormal
14. Lymph nodes	<input type="radio"/> Normal <input type="radio"/> Abnormal
15. Posture and gait	<input type="radio"/> Normal <input type="radio"/> Abnormal
16. Spine	<input type="radio"/> Normal <input type="radio"/> Abnormal
17. Upper limbs	<input type="radio"/> Normal <input type="radio"/> Abnormal
18. Lower limbs	<input type="radio"/> Normal <input type="radio"/> Abnormal
19. Peripheral pulses	<input type="radio"/> Present <input type="radio"/> Reduced <input type="radio"/> Absent
Comments on above:	

Body

Visual acuity

	Uncorrected	Corrected	Near vision	Colour perception
Right:	6/	6/		
Left:	6/	6/		

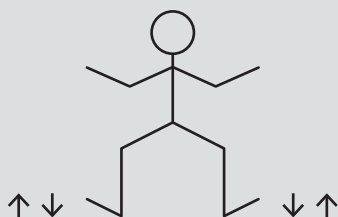
Examinations

1. Cranial nerves: Head, scalp, face neck	<input type="radio"/> Normal <input type="radio"/> Abnormal
2. Ophthalmoscopy	<input type="radio"/> Normal <input type="radio"/> Abnormal
3. Pupils	<input type="radio"/> Normal <input type="radio"/> Abnormal
4. Eye movements	<input type="radio"/> Normal <input type="radio"/> Abnormal

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Tendon reflexes

Absent 0
Weak +
Mid-range ++
Brisk +++



Sensation: Normal Abnormal Describe

Cerebellar functions: Normal Abnormal Describe

Sharpened Romberg test

Time stable:

Number of attempts:

Best of three:

Interview

Conversation/recall: Normal Abnormal Comment

Literacy/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

The following tests are only required at the initial medical and thereafter as clinically indicated or if requested by the DHMS.

Is this the diver's first Occupational Diving Medical? Yes No

If tests clinically indicated, please note reason:

Lung function: (attach Spirometry if done)

Normal Abnormal FEVI: FVC:

Audiometry (attach Audiogram) Normal Abnormal

Optional investigations

This section is only required if clinically indicated

Tympanometry (optional) Normal Abnormal

CXR (if indicated) Normal Abnormal Date: DD / MM / YEAR

Long Bone Survey (optional) Not indicated Recommended

Other tests: Nil required Indicated: (specify)

Other abnormalities: Nil notes Noted: (specify)

Diver's declaration

I agree that any and all health information collected in completion of this medical examination will be made available to the DHMS in order to fully assess my diving fitness.

Date: DD / MM / YEAR

Candidate's signature:

Medical fitness recommendation

To be completed by examiner

Diver's name:
<input type="radio"/> Fit to dive/work under pressure:
a. <input type="radio"/> All occupational diving, including recreational industry or
b. <input type="radio"/> Limited to: (specific diving work type)
<input type="radio"/> Permanently unfit
<input type="radio"/> Temporarily unfit: Review date: DD / MM / YEAR
<input type="radio"/> Other
Examiner's official stamp:
Clinic name and location:
Examiner's name:
Examiner's signature:
Date: DD / MM / YEAR

Note: This recommendation does not constitute certification of medical fitness to dive in New Zealand.

Certification will be determined upon submission of the completed dive medical questionnaire and this medical examination to the Occupational Divers' website: www.divemedics.co.nz

Diver must hold a current DHMS Medical Clearance to be deemed 'medically fit to dive'.