

Seneca College of Applied Arts & Technology

Underwater Skills Program

INSTRUCTIONS FOR STUDENTS

1. Attached is your copy of the **DIVING MEDICAL EXAMINATION**.
2. **This medical examination can only be completed by physicians, whose names are listed on the Diver Certification Web Site: <http://www.divercertification.com/physicians>**
Medical examinations completed by other physicians will not be accepted.
3. The Diving Medical Examination and all required tests are considered a ‘*third party request*’ and not a benefit of the provincial health insurance plans (OHIP). The average cost of an initial commercial diving medical examination, including all necessary tests and X-rays is approximately \$600 - \$800. You are directly responsible for this cost. Subsequent commercial diving medical examinations require less testing and X-rays and cost approximately half that amount.
4. This examination form must be completed and copies of all results must be sent together to Seneca College by **August 12, 2022** or you may be denied admission to the course. You must arrange for your diving medical examination as soon as possible, to ensure that all information is received by Seneca College on time.
5. Please complete page 3 and page 4, prior to your medical examination.
6. Page 4 is a medical questionnaire. You must answer these questions truthfully. To ensure your safety and the safety of other students in the class, the results of the medical questionnaire, examination and tests must meet the most recent minimum standards for Fitness to Dive, as recommended by the Undersea & Hyperbaric Medical Society and the Ontario Ministry of Labour Regulations: R.R.O. 1990 Reg. 848.
7. All medicals will be reviewed and must receive final approval from the Medical Consultant for the Underwater Skills Program.

Should you have any questions or problems regarding the Diving Medical examination, please call; Aaron Griffin - (416) 491-5050 ext.55020
- e-mail: aaron.griffin@senecacollege.ca

Students found to have falsified medical information may be withdrawn from program.

INSTRUCTIONS FOR PHYSICIANS

1. Attached is a copy of the **DIVING MEDICAL EXAMINATION**.
2. **This medical examination must only be completed by physicians, whose names are included on the, ‘Physicians List’ found on the Diver Certification Board of Canada web site: www.divercertification.com.
Medical examinations completed by other physicians will not be accepted.**
3. This examination must be completed and copies of all results, including X-rays, lab tests, pulmonary function tests, audiograms, electrocardiograms, etc. must be sent together to Seneca College by July 8th or the student may be denied admission to the course. **Do not send results separately.**
4. **Please note that Underwater Skills students must be tested for immunity to Hepatitis A & B and vaccinated if not immune. Underwater Skills students will also require proof of immunization for Tetanus, Polio & Diphtheria.**
5. Please note X-ray requirements on page 7.
6. The results of the medical examination and tests must meet the most recent minimum standards for Fitness to Dive, as recommended by the Undersea & Hyperbaric Medical Society and the Ontario Ministry of Labour Regulations: R.R.O. 1990 Reg. 848.
7. All medical examinations and tests submitted are reviewed with Seneca College, by a medical physician & consultant in Diving & Hyperbaric medicine.
8. All student medical files are safely stored. Absolute confidentiality and security is maintained. A release form is included with the medical examination form. At the completion of the program, the student's medical file is returned to him/her for inclusion in their medical history with their next Hyperbaric Physician.
9. The Diving Medical Examination and all required tests are considered a ‘*third party request*’ and not a benefit of the provincial health insurance. Students have been advised that the average cost of the initial commercial diving medical examination, including all necessary tests and X-rays, is approximately \$600 - \$800. Students should be billed directly.

If you require any further information please contact;

Aaron Griffin – (416) 491-5050 ext. 55020

- email: aaron.griffin@senecacollege.ca

Thank you for your assistance.

CONSENT

I, _____
name of student

authorize my examining physician:

Dr. _____

address: _____

and any physician, hospital or clinic to furnish any information of my medical record,
to determine my medical fitness to dive, to:

The Medical Physician & Consultant for Diving & Hyperbaric Medicine
Underwater Skills Department
Seneca College of Applied Arts & Technology
13990 Dufferin Street North
King City, Ontario
L7B 1B3

Printed name

Printed name

Signature

Witness

Date

Date

DIVER HISTORY

Last Name

First Name

Have you ever had?

Yes	No

epilepsy or seizures
dizziness or fainting spells
frequent headaches
migraines
head injury

eye problems
ear, nose or throat problems
hearing loss or tinnitus
trouble equalizing your ears
chronic colds
severe tooth or gum problems
sinusitis
allergies or hay fever

lung problems
asthma or wheezing
pneumothorax (collapsed lung)
shortness of breath
chronic cough

heart problems
high blood pressure
palpitations (irregular heart rate)
pain or pressure in chest
blood disorder

stomach, liver or bowel problems
frequent indigestion
gallstones
jaundice/hepatitis
diabetes
hernias
hemorrhoids

serious illnesses or injuries
operations

Have you ever had?

Yes	No

urinary tract problems
kidney stones
blood or sugar in urine

arthritis
swollen or painful joints
broken bones
back injuries or pain

nervous problems
claustrophobia
anxiety, depression
insomnia
speech problems

skin problems
endocrine problems
tumors, growths, cancer
frequent motion sickness

treatment for addictions
venereal diseases, STDs, HIV/AIDS
tuberculosis

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Diving injuries

Women

--	--

breast /gynecological problems

Do you?

smoke - how much _____
take medications _____

What year did you start diving _____

Certifying agency _____

Number of dives completed _____

Last polio/tetanus vaccination _____

Please give details of all "YES" answers on the back of this page
I certify that the above information is true and complete

Signature

Date

Last Name _____

First Name _____

FUNCTIONAL ENQUIRY

Date _____

(Describe abnormalities)

	normal	abnormal
Gen		
H&N		
RESP		
CV		
GI		
GU		
GYN		
MSK		
DERM		
CNS		
PSYC		

PHYSICAL EXAMINATION

Build	<input type="checkbox"/> slender	Ht	HR	Vision		
	<input type="checkbox"/> medium			uncorrected	corrected	colour
	<input type="checkbox"/> heavy	Wt	BP	od	od	
	<input type="checkbox"/> obese					os

(Describe abnormalities)

		normal	abnormal
GEN			
H&N	fundi		
	perla		
	eom		
	tm		
	sinuses		
	nasal		
	dental		
thyroid			
RESP			
BREASTS			
CV	jvp		
	pulses		
	S1S2		
	murmurs		
	varicosities		
bruits			
ABD	lkks		
	rectal		
GU			
MSK	upper		
	lower		
	spine		
CNS	CN II - XII		
	motor/sens		
	reflexes		
DERM			
PSYCH			
MISC			

Diagnosis: FIT
 UNFIT

CERTIFICATION

Name of Student: _____

The above named student has been medically examined and tested for fitness for commercial diving. This medical examination has been conducted in accordance with the:

- Code for the Medical Examination of Divers, Diving Operations Regulations, under the Occupational Health and Safety Act of Ontario. (R.R.O. 1990 Reg. 848).
- Canadian Standards Association Safety Code for Diving Operations Z275.2
- Recommendations on Fitness to Dive, by the Undersea & Hyperbaric Medical Society.

Copies of the following are enclosed and are:

Normal	Abnormal	
<input type="checkbox"/>	<input type="checkbox"/>	1. Physical examination
<input type="checkbox"/>	<input type="checkbox"/>	2. Blood chemistry
<input type="checkbox"/>	<input type="checkbox"/>	3. Complete blood count
<input type="checkbox"/>	<input type="checkbox"/>	4. Urinalysis
<input type="checkbox"/>	<input type="checkbox"/>	5. 12 lead electrocardiograms
<input type="checkbox"/>	<input type="checkbox"/>	6. Complete pulmonary function tests
<input type="checkbox"/>	<input type="checkbox"/>	7. Audiogram
<input type="checkbox"/>	<input type="checkbox"/>	8. Chest X-ray
<input type="checkbox"/>	<input type="checkbox"/>	9. Hepatitis A & B status:
<input type="checkbox"/>	<input type="checkbox"/>	Immunization date: _____
<input type="checkbox"/>	<input type="checkbox"/>	10. Tetanus, Polio & Diptheria status
<input type="checkbox"/>	<input type="checkbox"/>	Immunization date: _____
<input type="checkbox"/>	<input type="checkbox"/>	11. Other

The above named person has been found:

- Fit to dive for all conditions and climates of work for 24 months.
- Unfit for diving.

Physician - signature

Physician address & telephone number

Physician – name

Date

X-RAY REQUIREMENTS

The student must have a series of X-rays that conform to Canadian Standards Association – Occupational Safety Code for Diving Operations – CAN/CSA Z275.2-04, with the exception of paragraph A.3.4.2. (skeletal x-rays).

The following projections are required:

Postero Anterior and Lateral Projection of CHEST.

In particular, any evidence of asthma, COPD, scarring or bullae is of critical importance.