

## GP HSE Commercial Diving Medical Questionnaire



**Diver** – please complete the questionnaire below and ask your GP to sign and stamp it to confirm your past medical history. Your GP may charge you a fee for this. No examination is needed.

**GP** – please can you sign and stamp this form to confirm the answers in the questionnaire with regard to past medical history. If 'yes' has been answered to any of the questions, please provide further information on page 3.

<b>Name</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Email</b>		<b>Mobile no</b>	

	Yes	No
Are you taking any prescribed or other medication? If yes please list over the page.		
Do you have any allergies?		
Have you ever had or been treated for decompression illness?		
Have you ever had or do you now have :		
Cancer		
Mental health problems (including panic attacks, claustrophobia)		
Drug and/or alcohol misuse in the past three years?		
Lung disease (eg chronic obstructive pulmonary disease, asthma)?		
Collapsed lung (pneumothorax)?		
Injury or surgery to the chest, lungs or heart?		
Disease of the heart and circulation (eg high blood pressure, angina, heart attack, chest pains, palpitations)?		
Disease of the brain or nervous system (eg epilepsy, stroke, multiple sclerosis, nerve damage)?		
Blackouts, recurrent fainting, collapsing or dizziness?		
Motion sickness?		
Migraine?		

	Yes	No
Head injury with loss of consciousness or surgery to the head?		
Bone or joint problems or surgery (eg sciatica, spinal surgery, arthritis)?		
Ear, nose, throat or sinus problems?		
Eye problems (eg loss of vision, double vision)?		
Diabetes or other hormone problems?		
Urinary or kidney problems or (males only) prostate problems?		
Stomach or intestinal problems or surgery (including stomas)?		
Skin disease		
Blood or bleeding disorders?		
Infectious / contagious diseases (for instance TB, hepatitis)		
Jaundice or liver disease?		
Allergies		
Have you seen a consultant or specialist for any other medical problem not covered by the above?		
Females only :		
Are you pregnant or likely to be pregnant?		
Have you had or do you have any gynaecological problems?		

**Candidate diver** - I certify that the above answers are correct:

Signature..... Date.....

**GP** - I confirm the medical history above and have provided further information to questions that have been answered 'yes' on the next sheet.

Signature..... Date.....

Practice stamp

**FURTHER INFORMATION**