



FOR OFFICIAL USE ONLY (WHEN FILLED IN)

DIVER/BUD/S MEDICAL SCREENING QUESTIONNAIRE

NAME/RANK:	SSN:	DOB:
PRESENT COMMAND:	BR OF SERVICE:	DATE:
(CONCEALMENT OF MEDICAL HISTORY WILL BE REPORTED TO HIGHER AUTHORITIES AND MAY RESULT IN PERMANENT DISQUALIFICATION.)		
DIVING MEDICAL QUESTIONS	Yes	No
1. Have you ever been found medically disqualified for a dive physical or any other physical at any time?	<input type="checkbox"/>	<input type="checkbox"/>
2. Since your last physical, or in the last 18 months, have you been sick, injured, consulted a physician, used medication (including over-the-counter), or been hospitalized for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever experienced any middle or inner ear dysfunction including inability to equalize middle ear pressure, inner or middle ear surgery, ringing, dysequilibrium, hearing deficit?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is or has your uncorrected vision ever been worse than 20/20 in either eye?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any difficulty distinguishing colors or seeing at night?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had any corneal surgery, or manipulation to correct poor vision?	<input type="checkbox"/>	<input type="checkbox"/>
7. Since age 12, have you had asthma or wheezing at any time?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a collapsed lung (pneumothorax), experienced pulmonary barotrauma, had a positive PPD, or taken INH in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have any skin condition worsened by tight clothing, moisture, or sun exposure?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have any musculoskeletal condition that limits intense exercise, suffered any type of fracture in the last 3 months, or had any bone/joint surgery in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been evaluated for, or treated for, any psychiatric problems (including depression, anxiety, personality disorder, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had legal, professional or personal problems due to alcohol use, or been diagnosed with dependence, or had any level of treatment for abuse?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever had a migraine or other severe headache?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had seizures, convulsions or sustained a head injury resulting in loss of consciousness, loss of memory, concussion, or skull fracture?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever had brain surgery?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any area of altered sensation or strength in your body?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever suffered Decompression Sickness or Arterial Gas Embolism?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you suffer from motion sickness or fear of enclosed spaces?	<input type="checkbox"/>	<input type="checkbox"/>
PATIENT SIGNATURE:	DATE:	

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DIVER/BUD/S MEDICAL SCREENING QUESTIONNAIRE (Cont'd.)
ANY POSITIVE RESPONSES REQUIRE ELABORATION ON THIS PAGE BY A DIVING MEDICAL OFFICER

NAME/RANK:	SSN:	DOB:
PRESENT COMMAND:	BR OF SERVICE:	DATE:

ADDITIONAL DIVING MEDICAL QUESTIONS		
DMO SCREEN (to be filled out by DMO/UMO, HMO or qualified representative)	Yes	No
1. SF 88, Report of Medical Examination and SF 93, Report of Medical History are complete, correct, for dive/jump duty and within 1 year of application?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the physical signed/countersigned by a DMO/UMO or HMO?	<input type="checkbox"/>	<input type="checkbox"/>
3. Every page of member's health record has been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any disqualifying condition has a completed, approved waiver from BUMED (Med-21)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any non-disqualifying condition that might affect dive training is thoroughly documented?	<input type="checkbox"/>	<input type="checkbox"/>

DIVING MEDICAL OFFICER COMMENTS			
QUESTION#	COMMENT	CD/NCD? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAIVER? <input type="checkbox"/> Yes <input type="checkbox"/> No

DMO SIGNATURE	DMO STAMP
DMO PHONE NUMBER	DMO FAX NUMBER

RECORD SCREENING (to be filled in by medical department)		
G6PD results	Sickle cell results	Blood Type

IMMUNIZATION MUST BE COMPLETED AND CURRENT PRIOR TO TRANSFER	<input type="checkbox"/> Tetanus	Date
	<input type="checkbox"/> Typhoid	Date
	<input type="checkbox"/> Yellow Fever	Date
	<input type="checkbox"/> HAV	Date
	<input type="checkbox"/> Flu	Date

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ADDITIONAL DIVING MEDICAL QUESTIONS (Cont'd.)
DMO SCREEN (to be filled out by DMO/UMO, HMO or qualified representative)

PPD given with diving medical examination. <input type="checkbox"/> Yes <input type="checkbox"/> No Date	PPD Converter <input type="checkbox"/> YES <input type="checkbox"/> NO
PPD Converters must complete INH Tx prior to transfer to diver training. PPD annual questionnaire required for converters.	

Date of last Dive Physical (SF 88/93):	
Dental, must be Class I or II. Last examination date:	
Pressure Test, date completed:	
NAVMED 6150/2, Special Duty Medical Abstract required with signature from DMO/UMO/HMO stating Physically Qualified for Diving Duty.	Completed
	<input type="checkbox"/> YES <input type="checkbox"/> NO

Visual Acuity: (must correct to 20/20; if not, waiver required) <ul style="list-style-type: none"> • USN Fleet Diver/Basic Diving Officer, USA OOB, EOD: 20/200 or better. Waiver required if greater • Marine Combat Diver: 20/100 better eye, 20/200 worse eye, or better • Diving Medical Officer and SCUBA: + or - 8 Diopters • SEAL Candidate: 20/40 in best eye, 20/70 in worst eye (Waiverable to 20/70,20/100. Waiver must be completed.)

Hearing Standards: 1000 Hz 30 db If greater, waiver required. 2000 Hz 35 db 3000 Hz 45 db 4000 Hz 55 db

The following labs are complete on SF 88: Serology, CBC with DIFF, Lipid panel HIV, G6PD, Sickle Cell, and Blood Type?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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SEAL, EOD, USA OOB, and Underwater Construction Diver require Fasting Blood Sugar and Routine Urine. (Appropriate /corresponding lab chits are in the medical record.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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The following studies are complete on SF 88: CXR, EKG, Audiogram, PPD, and Falant? (Appropriate/corresponding studies, reports are in the medical record.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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MEDICAL SCREENER NAME, RANK/RATE, AND TITLE	PHONE NUMBER:
	FAX NUMBER:

Command's mailing address

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NOTE: THE DIVER MEDICAL SCREENING QUESTIONNAIRE AND SF 88/93 MUST BE COMPLETELY FILLED OUT AND FAXED TO **NAVY DIVING AND SALVAGE TRAINING CENTER (NAVDIVSALVTRACEN), MEDICAL DEPARTMENT, PANAMA CITY, FL** PRIOR TO APPLICATION TO NAVY PERSONNEL COMMAND (NAVPERSCOM) (PERS-401D OR PERS-407CK). ANY WAIVERS MUST HAVE WRITTEN APPROVAL BY BUREAU OF MEDICINE AND SURGERY (BUMED) (MED-21) AND A COPY FAXED TO NAVDIVSALTRACEN, MEDICAL DEPARTMENT.

TELEPHONE:

DSN 436-5215 COMM (850) 235-5215

MEDICAL FAX:

DSN 436-5993 COMM (850) 235-5993

STUDENT SUPPORT OFFICE FAX:

DSN 436- 5242 COMM (850) 235-5242

NOTE: FOR **SEAL CANDIDATES** THE MEDICAL SCREENING QUESTIONNAIRE AND SF 88/93 MUST BE COMPLETELY FILLED OUT AND FAXED TO **NAVY SPECIAL WARFARE CENTER, BUD/S MEDICAL DEPARTMENT** PRIOR TO APPLICATION TO NAVPERSCOM (PERS-401D). ANY WAIVERS MUST HAVE WRITTEN APPROVAL BY BUMED (MED-21) AND A COPY FAXED TO BUD/S MEDICAL DEPARTMENT.

TELEPHONE:

DSN 577-0777 COMM (619) 437-0777

MEDICAL FAX:

DSN 577-5248 COMM (619) 437-5248

PLACE ORIGINAL DIVER MEDICAL SCREENING QUESTIONNAIRE, SF 88/93, AND ANY APPROVED WAIVERS IN MEDICAL RECORD.

NAVDIVSALVTRACEN HOME PAGE:www.cnet.navy.mil/ndstc/**NAVY SPECIAL WARFARE CENTER BUD/S HOME PAGE:**www.sealchallenge.navy.mil**DIVING STANDARDS:**

NAVMED P-117, Manual of the Medical Department, chapter 15, article 15-66, and section III

BUMEDNOTE 6120 of 30 Jul 97 (canc frp: Jul 98):<http://www.navymedicine.med.navy.mil/instructions/external/6120-7-30-97.pdf>**MEDICAL WAIVER:**

NAVMED P-117, article 15-74

BUMED (MED-21) TELEPHONE:

COMM (202)762-4342