NECTM9

Erik C. Jansen, MD, divers´physician

Fit to dive

–To travel is to live–

NECTM9

NECTM

NECTM9

–To travel is to live–

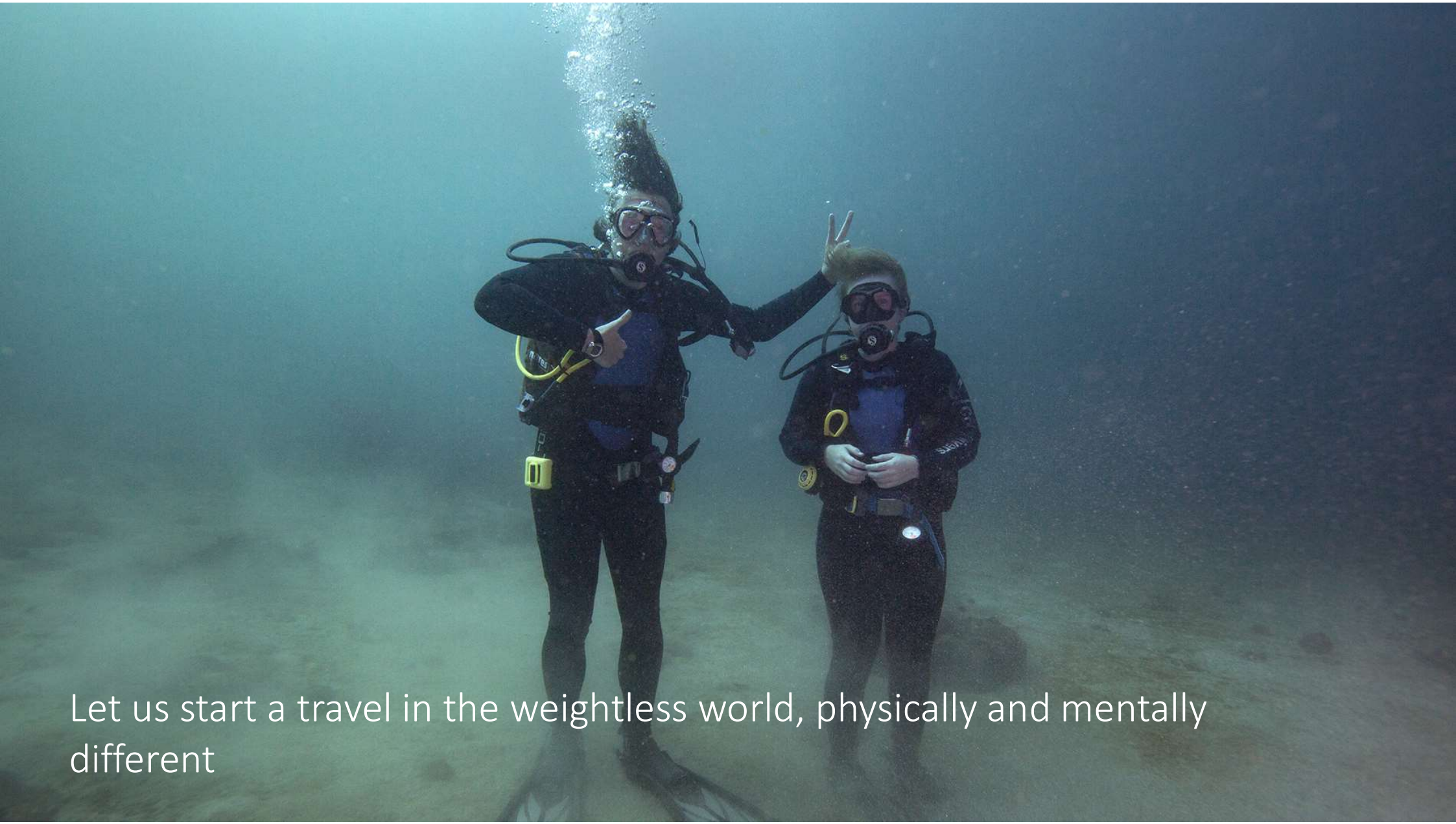
NECTM9

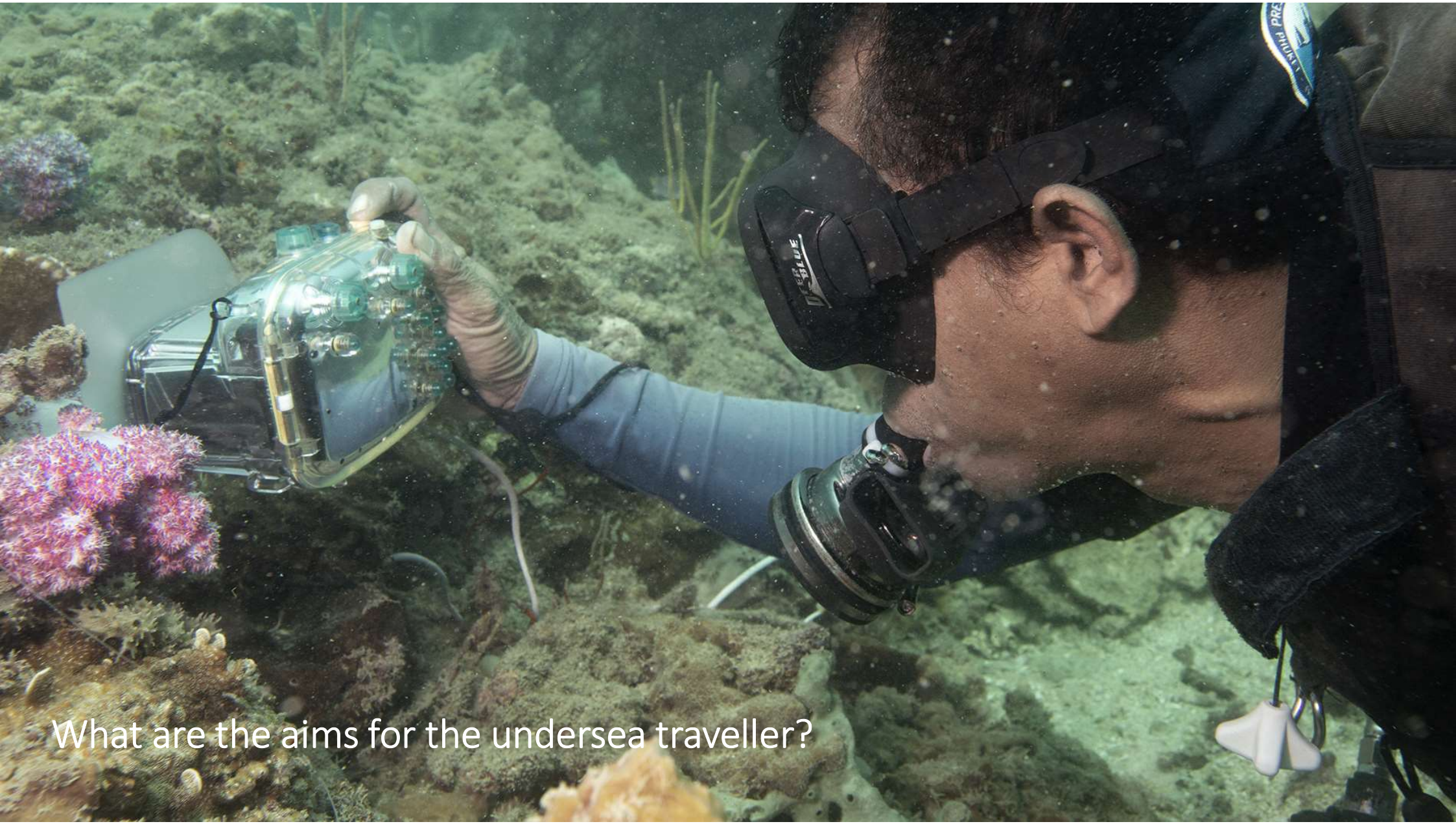
NECTM

Erik C. Jansen, MD, divers´physician

Fit to dive

No conflict of interest


Let us start a travel in the weightless world, physically and mentally different


What are the aims for the undersea traveller?


Who are the fellow divers?

DAN WRSTC WORLD RECREATIONAL SCUBA TRAINING COUNCIL RSTC RECREATIONAL SCUBA TRAINING COUNCIL R·S·T·C Europe UNDERSEA & HYPERBARIC MEDICAL SOCIETY

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive.*

1. I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes ☐ *Go to Box A*	No ☑
2. I am over 45 years of age.	Yes ☐ *Go to Box B*	No ☑
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes ☐*	No ☑
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ *Go to Box C*	No ☑
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes ☐*	No ☑
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ *Go to Box D*	No ☑
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes ☑ *Go to Box E*	No ☐
8. I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ *Go to Box F*	No ☑
9. I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ *Go to Box G*	No ☑
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes ☑*	No ☐

Participant Signature

If you answered *NO* to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

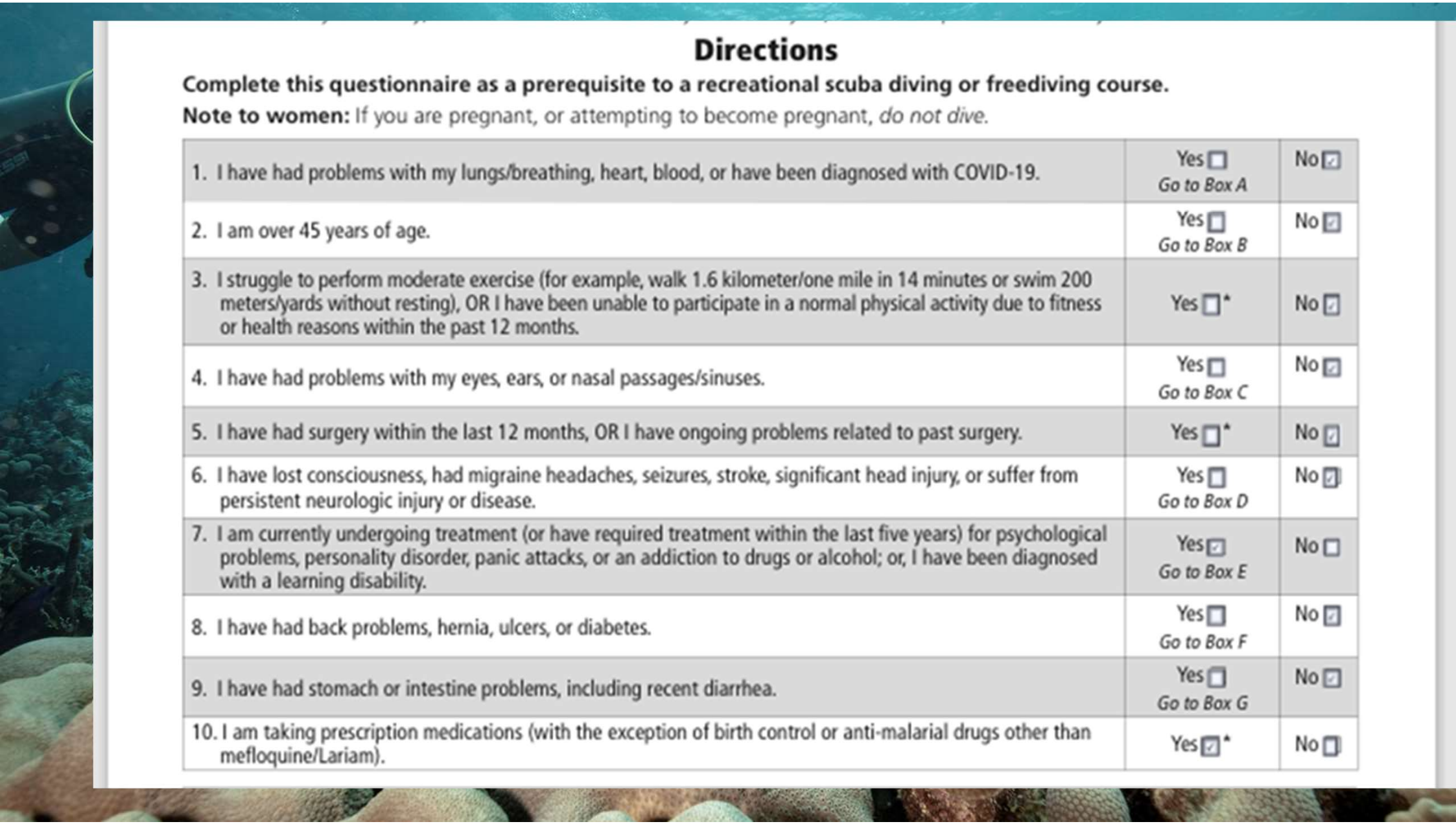
Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* **If you answered *YES*** to questions 3, 5 or 10 above ***OR*** to any of the questions on page 2, please read and agree to the statement above by signing and dating it ***AND* take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.



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Participant Name (Print)	Birthdate (dd/mm/yyyy)
Instructor Name (Print)	Facility Name (Print)

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DAN WRSTC RSTC RSTC Europe UNDERSEA & HYPERBARIC MEDICAL SOCIETY CMAS

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Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.
Note to women: If you are pregnant, or attempting to become pregnant, *do not dive.*

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes ☐ Go to box **A**	No ☑
2	I am over 45 years of age.	Yes ☐ Go to box **B**	No ☑
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes ☐*	No ☑
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ Go to box **C**	No ☑
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes ☐*	No ☑
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ Go to box **D**	No ☑
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes ☐ Go to box **E**	No ☑
8	I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go to box **F**	No ☑
9	I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ Go to box **G**	No ☑
10	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes ☐*	No ☑

Participant Signature

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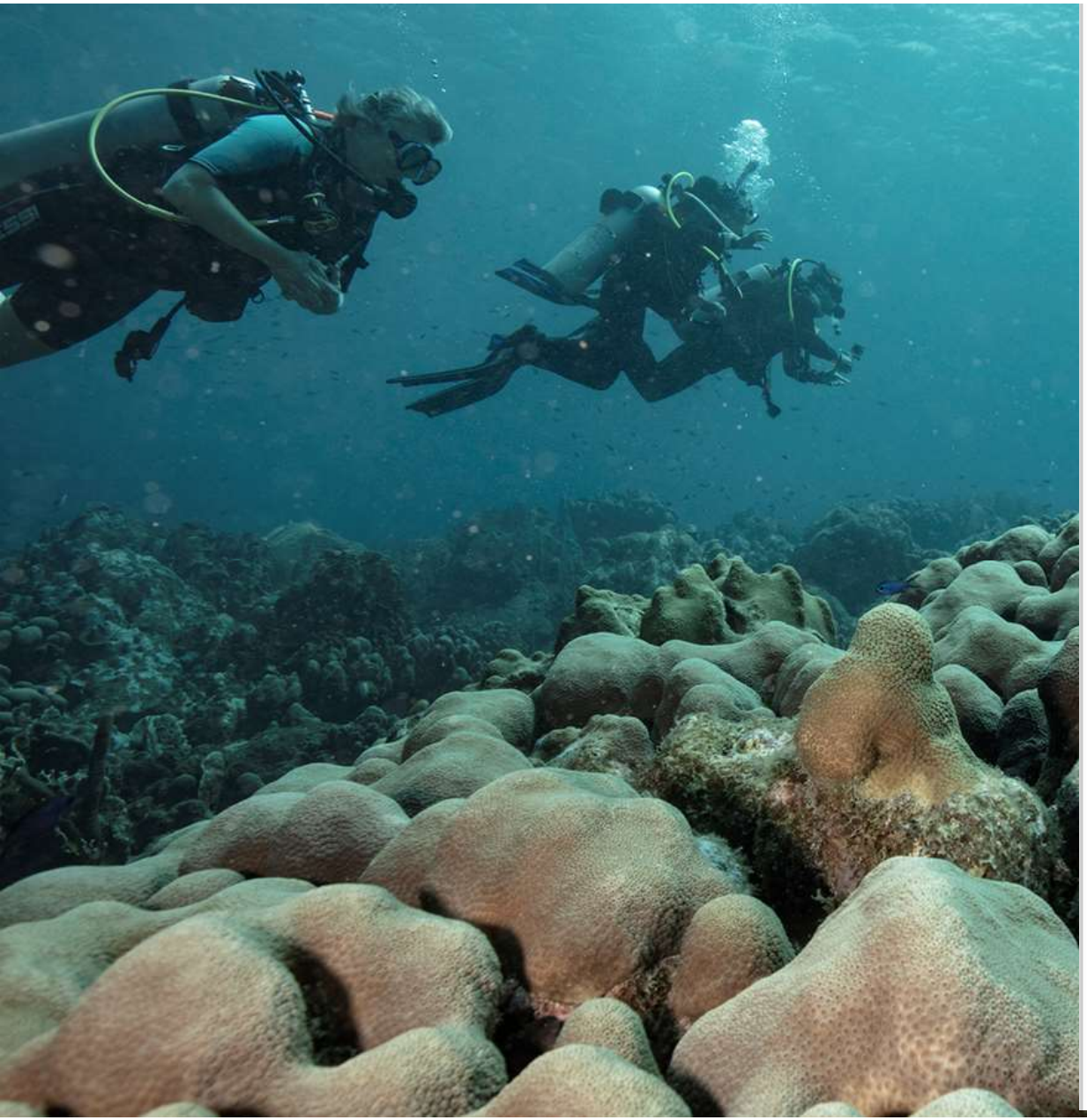
Participant Signature (or, if a minor, participant's parent/guardian signature required.)	Date (dd/mm/yyyy) 24/05/2022
Participant Name (Print) JOHN D. IVER	Birthdate (dd/mm/yyyy) 10/11/2001
Instructor Name (Print)	Facility Name (Print)

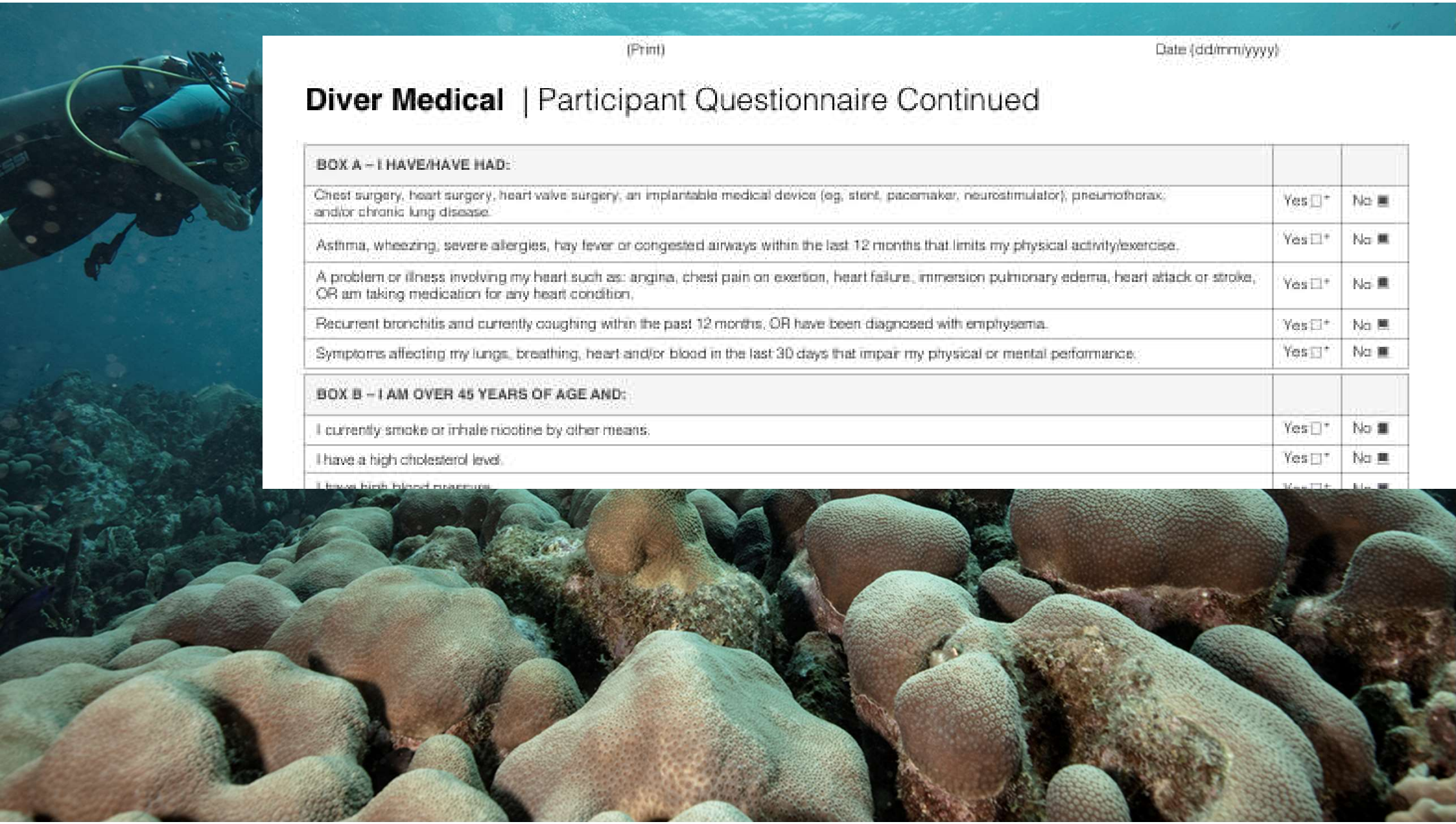
* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.



Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes ☐*	No ■
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes ☐*	No ■
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes ☐*	No ■
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes ☐*	No ■
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes ☐*	No ■
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes ☐*	No ■
I have a high cholesterol level.	Yes ☐*	No ■
I have high blood pressure.	Yes ☐*	No ■
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes ☐*	No ■
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes ☐*	No ■
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes ☐*	No ■
Recurrent sinusitis within the past 12 months.	Yes ☐*	No ■
Eye surgery within the past 3 months.	Yes ☐*	No ■
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes ☐*	No ■
Persistent neurologic injury or disease.	Yes ☐*	No ■
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes ☐*	No ■
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes ☐*	No ■
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes ☐*	No ■
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes ☐*	No ■
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes ☐*	No ■
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes ☐*	No ■
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes ☐*	No ■
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes ☐*	No ■
Back or spinal surgery within the last 12 months.	Yes ☐*	No ■
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes ☐*	No ■
An uncorrected hernia that limits my physical abilities.	Yes ☐*	No ■
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes ☐*	No ■
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes ☐*	No ■
Dehydration requiring medical intervention within the last 7 days.	Yes ☐*	No ■
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes ☐*	No ■
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes ☐*	No ■
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes ☐*	No ■
Bariatric surgery within the last 12 months.	Yes ☐*	No ■

*Physician's medical evaluation required (see page 1).



(Print) Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

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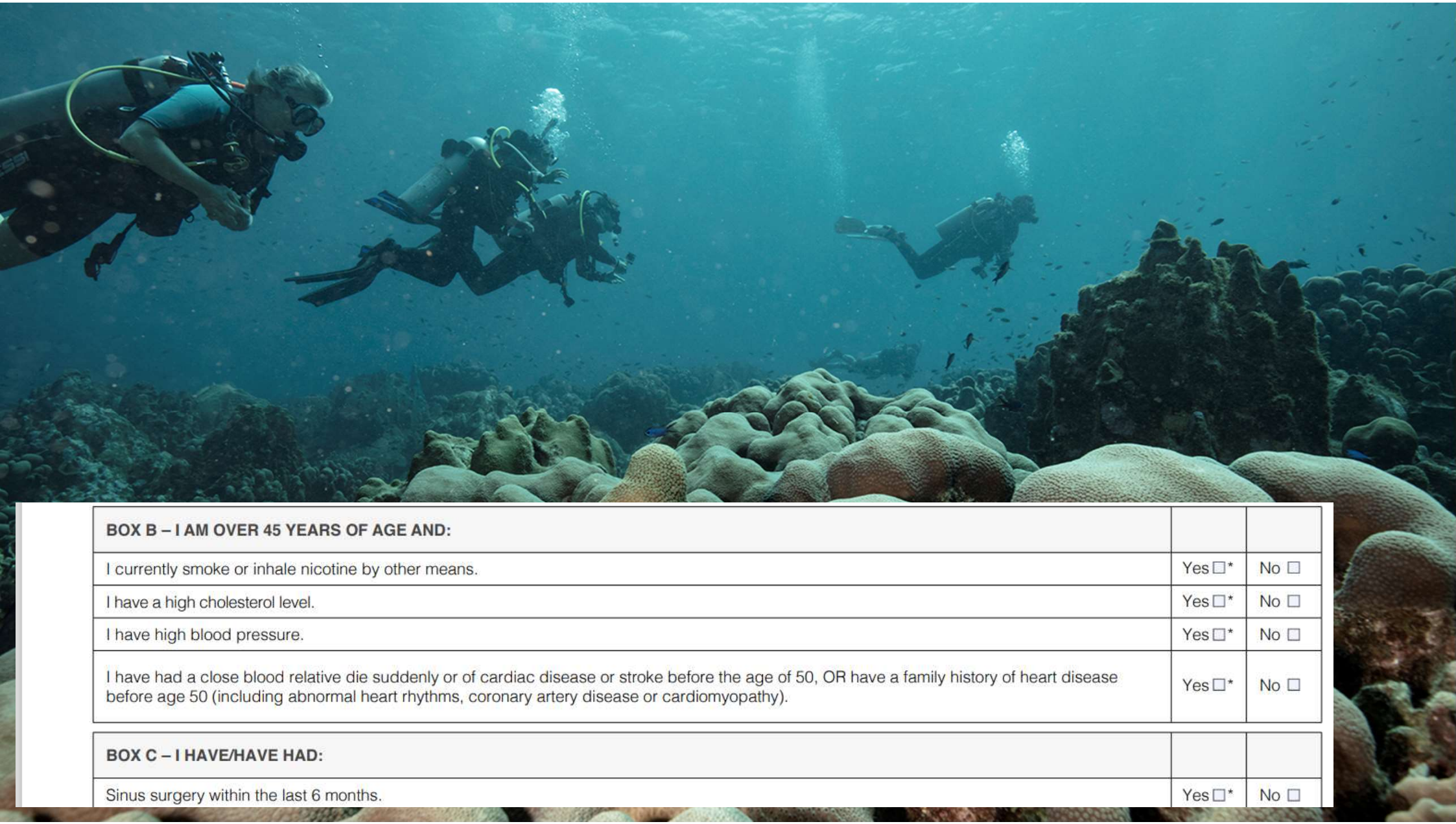

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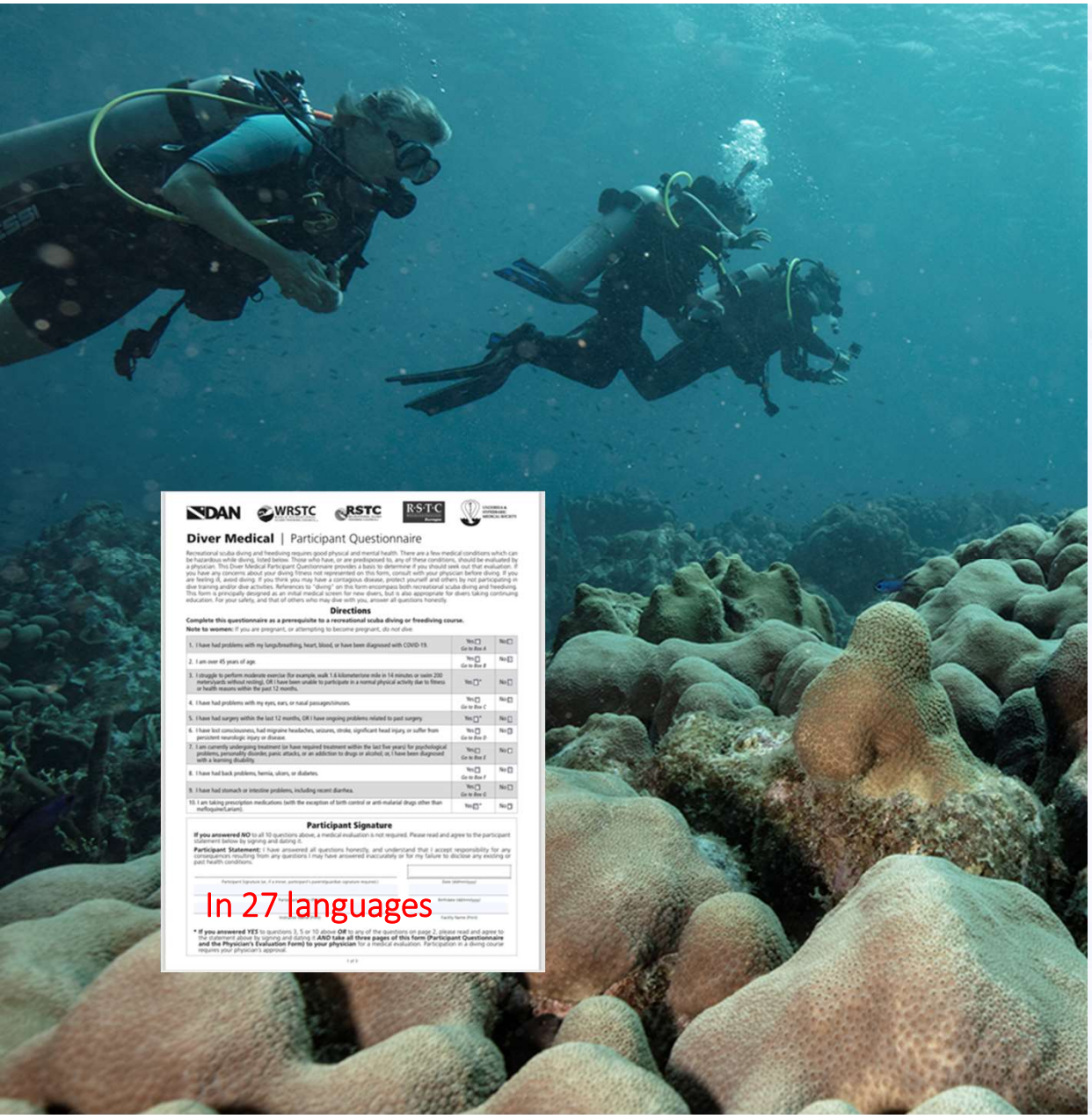

DAN WRSTC RSTC R·S·T·C

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Witness Name (Print) | Witness Signature | Witness Date (dd/mm/yyyy)

Facility Name (Print)

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1 of 3

In 27 languages

Diver Medical | Medical Examiner's Evaluation Form

Participant Name John D. Iver (Print) **Birthdate** 20/06/1993 Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

☒ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider | 24/05/2024 Date (dd/mm/yyyy)

Medical Examiner's Name Erik Christian Jansen (Print)

Clinical Degrees/Credentials MD, Dr.Med.Sci, authorized diver´s physician,. Level III expert in diving and hyperbaric medicine

Clinic/Hospital specialists office

Address Højskolevej 11, Vedskølle, DK 4600 Køge, Denmark

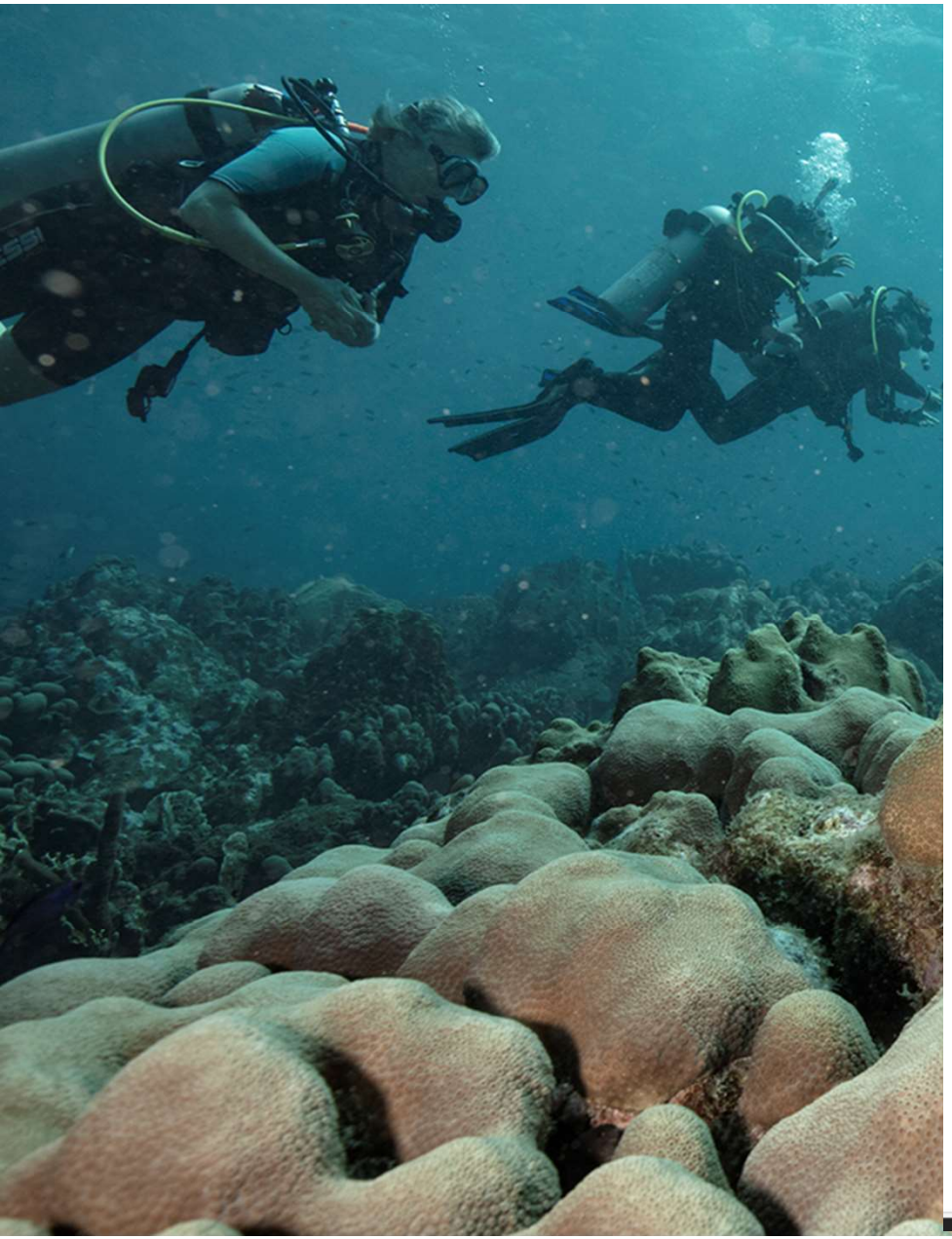
Phone +45 28 93 48 29 **Email** jansen@dadlnet.dk

Physician/Clinic Stamp (optional)
Erik C. Jansen, dr.med.
Speciallæge i anæstesiologi
Autoriseret dykkerlæge
CVR 35259678
Tlf. 28 93 48 29
Højskolevej 11, 4600 Køge
Danmark

Created by the Diver Medical Screen Committee in association with the following bodies:

The Undersea & Hyperbaric Medical Society
DAN (US)
DAN Europe
Hyperbaric Medicine Division, University of California, San Diego

10346 EN



Diving Medical Guidance to the Physician

These guidelines are typically used by physicians who have been approached by an individual wishing to take part in recreational scuba diving or freediving. They will usually have completed a WRSTC Diver Medical Participant Questionnaire.

Recreational scuba diving and freediving (hereafter "diving") is performed safely by many people. The risks associated with diving may be increased by certain physical conditions, and the relationship to diving may not be readily appreciated by candidates. Thus, it is important to screen divers for such conditions.

A physical examination for diving focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation with subsequent arterial gas embolization, and other conditions such as loss of consciousness, which could lead to drowning. Additionally, divers must be able to withstand some degree of thermal stress, the physiological effects of immersion, and have sufficient physical and mental reserves to deal with normal diving and possible emergencies.

The history, review of systems, and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not exhaustive, but contains the most commonly encountered medical problems. The brief introductions serve as an alert to the nature of the risk posed.

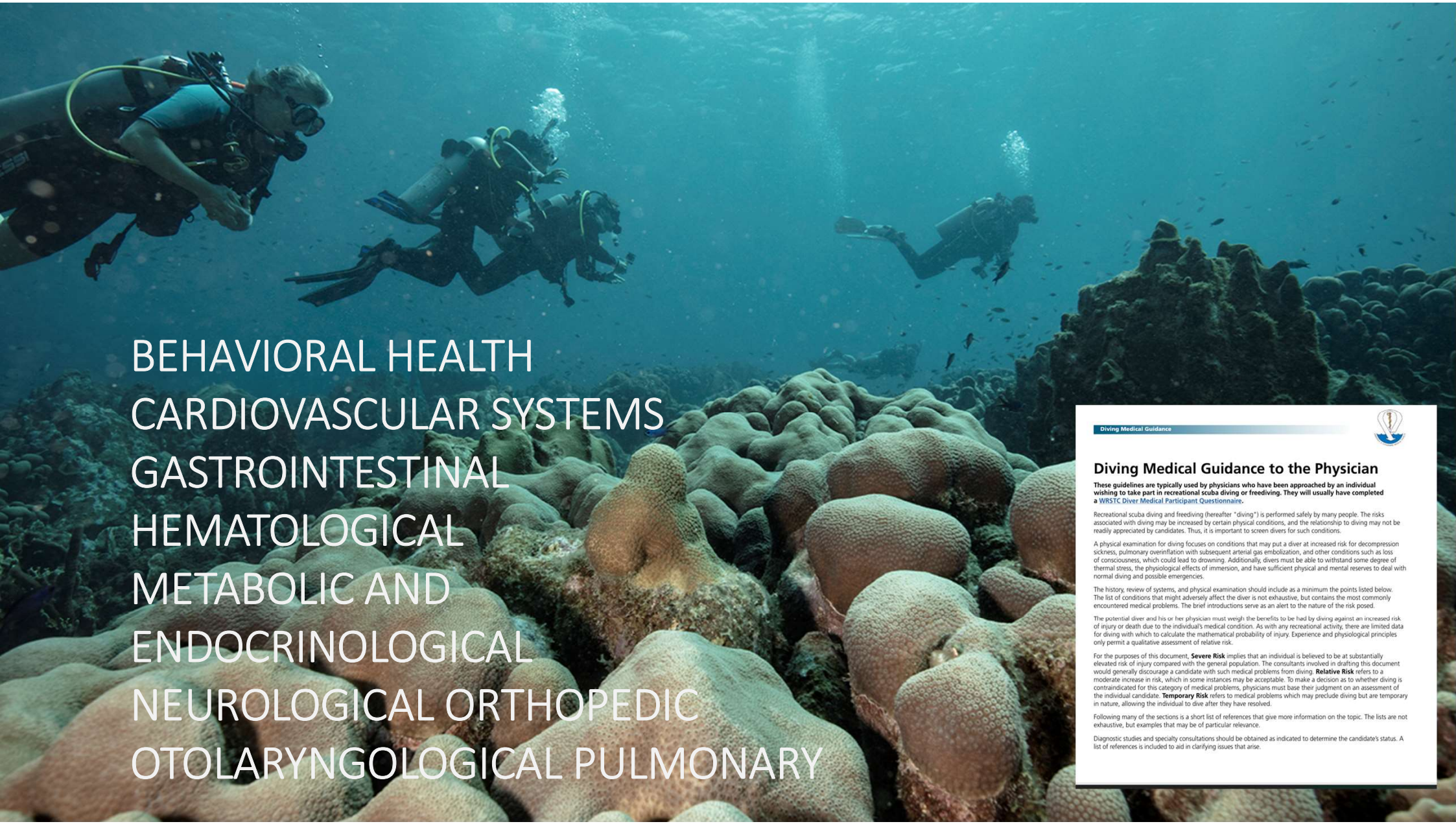
The potential diver and his or her physician must weigh the benefits to be had by diving against an increased risk of injury or death due to the individual's medical condition. As with any recreational activity, there are limited data for diving with which to calculate the mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of injury compared with the general population. The consultants involved in drafting this document would generally discourage a candidate with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgment on an assessment of the individual candidate. **Temporary Risk** refers to medical problems which may preclude diving but are temporary in nature, allowing the individual to dive after they have resolved.

Following many of the sections is a short list of references that give more information on the topic. The lists are not exhaustive, but examples that may be of particular relevance.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the candidate's status. A list of references is included to aid in clarifying issues that arise.

12 pages



Diving Medical Guidance

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Does your insurance cover
recrational diving?

Causes of fatal accidents:

- diving alone
- cardiac causes
- obesity

Risk factors:

- children and
- handcapped persons

- may not be able to help the other diver

When does your Diver medical expire?

When a new health issue needs evaluation

When the local regulation requires so – 1 year, 5 years, age, never

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Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.
Note to women: If you are pregnant, or attempting to become pregnant, do not dive.

1. I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes ☐ Go to Box 4	No ☐
2. I am over 45 years of age.	Yes ☐ Go to Box 8	No ☐
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes ☐*	No ☐
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ Go to Box C	No ☐
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes ☐*	No ☐
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ Go to Box D	No ☐
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes ☐ Go to Box E	No ☐
8. I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go to Box F	No ☐
9. I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ Go to Box G	No ☐
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes ☐*	No ☐

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required) | Date (dd/mm/yyyy)

Participant Name (Print) | Instructor (dd/mm/yyyy)

Instructor Name (Print) | Facility Name (Print)

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

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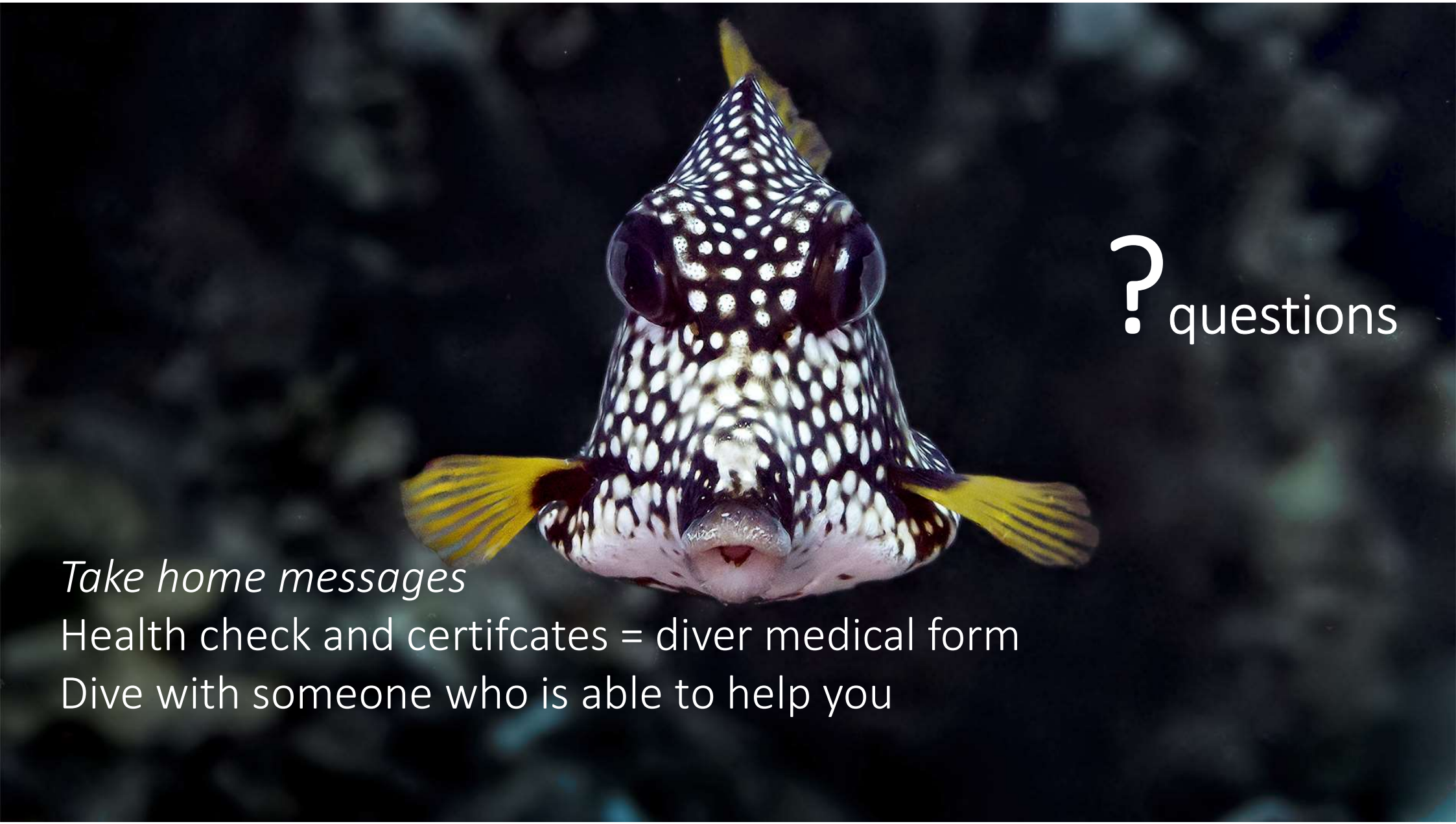
Thanks to Per Finn Nielsen for sharing his photographic experience with our meeting


? questions
Take home messages
Health check and certifcates = diver medical form
Dive with someone who is able to help you

NECTM9

Now back to the surface -
I wish you a good time in Copenhagen