



<p>SAUHMA Address: The Rosen Office Park, DAN Building, C/O Invicta & Third Roads, Midrand, 1685 Phone: (011) 266-4901. Fax: (011) 312-0054 WEBSITE: www.sauhma.org</p>	DIVE MEDICAL REPORT
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PHYSICAL EXAMINATION

1. Mass:	kg	2. Height:	cm	3. Colour:	Hair:	Eyes:	
3. BMI:	WEIGHT equal to BMI of 25=			5. CVS risk score:	<10%	10-20%	>20%
6. Blood pressure (Seated)	mmHg	mmHg	7. Pulse. Resting:				
			Rate:	bpm	Rhythm: Regular / Irregular	HGT	mmol/L
8. Urinalysis		pH	Sugar	Protein	Appearance		Blood
	Normal						
	Abnormal						

CLINICAL EXAMINATION: PLEASE CHECK EACH ITEM

Mark appropriate column	N	ABN	Mark appropriate column	N	ABN	Mark appropriate column	N	ABN
9. Head, face, scalp and neck			16. Vascular system			23. Neuro: Cranial, cerebellar, reflex		
10. Nose, septum, sinuses			17. Abdomen, hernia, liver, spleen			24. Psychiatric		
11. Mouth, throat, teeth, bite			18. Genito-urinary system (Indicate if not examined)			25. Skin and lymphatics		
12. Ears: especially TM-appearance & ET patency			19. Anus & rectum (Indicate if not examined)			26. Generic Systemic		
13. Eyes- orbit, adnexa and visual fields			20. Endocrine system			27. Sharpened Romberg		
14. Eye: orbit, adnexa, visual fields, pupils, fundi, motility			21. Upper-, lower limbs and joints			28. Identify marks, tattoos, scars, etc.		
15. Cardiac examination			22. Spine and Musculo-skeletal					

DESCRIPTION OF FINDINGS *(Describe every abnormality in detail. Attach additional pages OR PAGE OVER FOR SPACE.)*

VISUAL EXAMINATION

DISTANT VISION AT 6m			COLOR VISION:	NEAR VISION N5 AT 30-50cm	
Acuity	Unaided	Corrected	Pseudo-isochromatic plates used:	Unaided	Corrected
Both	6 /	6 /	Number of plates presented:	N	N
Right	6 /	6 /	Number of errors:		
Left	6 /	6 /	PASS / FAIL		

AUDIOGRAM (dB hearing loss)								SPECIAL INVESTIGATIONS			
	500	1000	2000	3000	4000	6000	8000	---ATTACH RESULTS--	Date performed	Result	Next due
Right								1. Resting / Stress ECG			
Left								2. Lung function test			
ANY OTHER TESTS REQUIRED / REQUESTED OR PERFORMED:								3. Chest x-ray			
-Exercise test (Chester Step), METS assessment, cardiac echo, bubble contrast, CACS, CT angio etc....											

DIVE MEDICAL EXAMINER ASSESSMENT AND DECLARATION

I hereby certify that I have personally reviewed the medical history and personally examined the applicant named in this report.
This report and attachments embody my findings completely and correctly.

Fit		From:	Restrictions/comments:
Temporary unfit			
Permanently unfit		To:	
SIGNATURE OF EXAMINER			NAME IN BLOCK LETTERS
			DATE