

# YSCUBA YMCA National SCUBA Program

## MEDICAL FORM

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 History - Chief Complaint and/or Purpose of Examination: \_\_\_\_\_

Pertinent Past Medical History: \_\_\_\_\_

Pertinent Family History: \_\_\_\_\_

Alcohol History: \_\_\_\_\_ Smoking History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Physical Conditioning: \_\_\_\_\_

Review of Systems (if applicable): \_\_\_\_\_

Physical Exam: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

**Findings:**

	Normal	Abnormal	Comments
General Appearance			
Mental Status			
HEENT			
Neck			
Chest			
Heart			
Vascularity			
Abdomen			
Extremities			
Joints			
Neurological			

Additional Findings and/or Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Significant Lab Tests and Studies (if indicated):**

CBC \_\_\_\_\_ Chest X-Ray \_\_\_\_\_ EKG \_\_\_\_\_  
 Urinalysis \_\_\_\_\_ Sinus Films \_\_\_\_\_ Stress Test (EKG) \_\_\_\_\_  
 Liver Studies \_\_\_\_\_ Bone & Joint Survey \_\_\_\_\_ Pul Function \_\_\_\_\_  
 Diabetic Evaluation \_\_\_\_\_ Brain Scan \_\_\_\_\_ Hearing Test \_\_\_\_\_ Gross \_\_\_\_\_ Audiogram  
 EEG \_\_\_\_\_

Other Tests and/or Comments: \_\_\_\_\_

Impressions: \_\_\_\_\_

**Conclusion:**

\_\_\_\_\_ Approval for SCUBA Diving  
 \_\_\_\_\_ Disapproval for SCUBA Diving

Signature: \_\_\_\_\_ MD/DO  
 Doctor's Name (print) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_