THE OCEAN CORPORATION

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http://www.oceancorp.com

MEMORANDUM

TO: ALL REGISTERED STUDENTS **FROM: SCHOOL DIRECTOR**

SUBJECT: MEDICAL EXAMINATIONS

Prior to attending The Ocean Corporation, all commercial underwater diving students must have a physical examination and provide us with a copy of the examination that has been fully completed and signed by their licensed medical doctor. Enclosed is a form for your use.

Please take **this form** to your doctor and have an examination and provide The Ocean Corporation with a copy of the examination signed by a **licensed medical doctor.**

If you have questions regarding this, call our admissions department at 1-800-321-0298.

NOTE

This medical exam is not the complete Association of Diving Contractors (ADC) Medical exam, which could be required by your future employer, and does not assure your suitability for employment. You can download the complete ADC medical form by visiting ADC-INT.ORG, click on "Business Forms".

ASSOCIATION OF DIVING CONTRACTORS ("ADC") MEDICAL STANDARDS RECOMMENDATIONS

INTRODUCTION

The following recommendations are set forth by the Association of Diving Contractors Safety and Medical Committee. Physicians desiring further information are directed to contact the ADC's office in Gretna, Louisiana at (504) 362-0074. The ADC's recommendations deal with specific aspects of the subject's physical fitness to dive and these standards are offered in what the ADC believed to be, in most cases, the minimum requirements. The use of these standards is intended to be tempered with the good judgment of the examining physician. Where the examining physician is in doubt about the medical fitness of the subject, he should seek further opinion/consultation and recommendations of an appropriate specialist in that field. Particular attention must be paid to past medical and diving history. In general, a high standard of physical and mental health is required for diving. Consequently, in addition to excluding major disqualifying medical conditions, the examining physicians should identify and give careful consideration to minor, chronic, recurring or temporary mental or physical illnesses which may distract the diver and cause him to ignore factors concerned with his own and others' safety. The standards, in general, apply to all divers. With the most stringent requirements applied to the entry level diving candidate, some consideration must be given to the subject's medical history, work history, age, and experience.

There is no minimum or maximum age limit, providing all the medical standards can be met. Serious consideration must be given to the need for all divers to have adequate reserves of pulmonary and cardiovascular fitness for use in an emergency. The lack of these reserves may possibly lead to the termination of a professional diving career. Examining physicians are encouraged to exercise considerable discretion to decide what ancillary tests are necessary in particular circumstances.

If any further clarification of the recommended standards is desired, please contact the ADC Safety and Medical Committee.

1. **Name** - Record.
2. **Social Security Number** - Record.
3. **Height** - No set limits.
4. **Weight** - The weight limits listed in the maximum allowable weight chart should apply. If a diver exceeds these limits and the cognizant physician feels the increase is due to muscular build and physical fitness, a variance may be appropriate. A variance may be appropriate for diver who do not meet the weight limits, but are at 23% (for males) or 34% (for females) body fat or less as measured by impedance or hydrostatic fat testing. Furthermore, individuals who fall within these weight limits but who present an excess of fatty tissue shall be disqualified.

- BODY FAT TABLE AND BODY FAT PERCENTAGES COMPARISON TABLE

Body Fat Percentages Comparison Table		
Fat Level	Men (%)	Women (%)
Very Low	7-10	14-17
Low	10-13	17-20
Average	13-17	20-27
High	17-25	27-31
Very High	above 25	above 31

- MAXIMUM ALLOWABLE WEIGHT CHART

Maximum Allowable Weight Chart		
Males Weight in Pounds	Height (inches)	Females Weight in Pounds
170	60	170
176	61	174
182	62	179
188	63	182
194	64	187
200	65	192
206	66	196
212	67	200
218	68	204
225	69	209
230	70	212
235	71	217
241	72	222
247	73	225
253	74	230
259	75	234
265	76	239
271	77	243
277	78	248
283	79	252
289	80	255

5. **Temperature** - The diver shall be free of any infection/disease which would cause an abnormal temperature.
6. **Blood Pressure** – Ideally, the resting blood pressure should not exceed 140/90 mm Hg. In cases of apparent hypertension, repeated daily blood pressure determinations should be made before a final decision.
7. **Pulse/Rhythm** - Persistent tachycardia, marked arrhythmia, except of the sinus type, or other significant disturbances of the heart or vascular system should be disqualifying.
8. **Hygiene** - Should be good.
9. **Nutrition** - Should be good.
10. **Build** - Record.
11. **Distant Vision** - Uncorrected 20/200 either, 20/70 both. No less than 20/100 vision in either eye.
12. **Near Vision** - Uncorrected: J16.
13. **Color Vision** - Record.
14. **Field of Vision** - Should be normal with any discrepancies documented.
15. **Contact Lenses** - Record if used.
16. **Head, Face and Scalp** - The causes for rejection:
    a) Deformities of the skull in the nature of depressions, exostoses, etc. of a degree which would prevent the individual from wearing required equipment.
    b) Deformities of the skull of any degree, associated with evidence of disease of the brain, spinal cord or peripheral nerves.
    c) Loss of congenital absence of the bony substance of the skull.

NOTICE AND DISCLAIMER

Please be advised that the Medical History and Physical Examination Forms included in this packet that is to be completed by a licensed medical doctor of your choice, may not be sufficient for any future employment. The Ocean Corporation **DOES NOT** represent or warrant that successful completion of this medical evaluation will guarantee that you will not need another later evaluation or that you are fit for employment with any future employer.

MEDICAL EVALUATION FOR COMMERCIAL DIVING

Commercial divers must have good, general health and be able to do strenuous work. With some important exceptions, most physical findings that allow someone to safely perform vigorous industrial work will be compatible with commercial diving.

The nature of underwater work is such that any **cardiac, neurologic, metabolic, or other condition that can render the diver unconscious or incapacitated** will be quite hazardous or fatal.

Diving requires working under changing ambient pressures and breathing different gas mixtures. Divers must be easily able to **ventilate the lungs, sinus cavities, and middle ear spaces; and the eardrums must be intact and able to withstand pressure changes.**

Any condition interfering with free ventilation of the lungs underwater **(such as acute asthma)** gives high potential for fatality or permanent neurological damage.

Commercial divers commonly work far offshore or in parts of the world where modern medical care is not readily available. There is a general requirement that divers not have any conditions requiring regular medication in order to function normally or maintain good health; exceptions may be made for minor, infrequent problems. Similarly, episodic conditions which may require medical attention or whose presentation could be confused with an emergency by non-physician personnel are usually disqualifying.

In general, any current illness or injury should be healed before starting dive training.

Divers work underwater, commonly in dark, close conditions that place demands on emotional stability and self-reliance; at other times, there may be long periods of inactivity in cramped, hot decompression chambers. They live for long periods in close quarters with other people. In general, people who tend to be anxious, insecure, or whose personalities cause friction with others might not be suited for this line of work.

Examples of common disqualifying conditions follow but all cannot be covered here. Many medical guidelines differ on matters of medical judgment and may be somewhat ambiguous; occasionally, situations occur which are not covered by any written standard. To see their exact wording, your examining physician can obtain a copy of the current medical guidelines in the **Consensus Standards for Commercial Diving Operations** from:

Association of Diving Contractors
3910 FM 1960 - Suite 230
Houston, Texas 77068
Tel: 281-893-8388

Four medical publications which contain instructive information are:

Diving Medicine (4th Ed.) - Bove (editor), W. B. Saunders, ISBE 0 7216 6056 8
The Physiology and Medicine of Diving (5th Ed.) - Bennett & Elliot (editors), W. B. Saunders ISBN 7020 1589 X
Diving and Subaquatic Medicine (4th Ed.)-Edmonds, Loway, Pennefather, Butterworth-Heineman, ISBN 07506 0259 7 (hardcover) 0 7506 2131 I (paperback)
Undersea Biomed Res 1984 - Hickey D. Outline of medical standards for divers – 407-430

VISION - Excellent vision is not needed; should have binocular vision, correctable to about 20/40. **Glasses cannot be worn while diving,** but soft and gas-permeable contact lenses are permitted. Color vision must be adequate to perform ordinary daily tasks. Subtle color vision defect noted only with Ishihara Plates (or similar) are unimportant.

E.N.T. - Hearing must be sufficient to allow working safely in an industrial setting. The eardrum must be intact and the ossicles must be capable of withstanding pressure changes transmitted by the eardrum. There must be normal vestibular function. There can be no acute or chronic ear infections. Paranasal sinuses must be well ventilated without obstruction or chronic infection.

ORAL - There must be good dental hygiene. There must be no oral or mandibular deformity that prevents securely holding a mouthpiece.

CARDIOVASCULAR. -

Blood pressure must be normal **without medication.** Cardiac capacity must be sufficient for strenuous exertion. There can be no rhythm disorders predisposing to syncope or unconsciousness. With the exception of patent foramen ovale, cardiac defects allowing right-to-left shunts are disqualifying. Suspicious heart murmurs must be evaluated to rule out predisposition to significant arrhythmia or limited exercise capacity. **Evidence of past or present coronary disease is virtually always disqualifying, as is any hemodynamically**

important organic heart defect. Isolated right bundle branch block or first degree AV block are acceptable, if there is good exercise capacity and no evidence of underlying cardiac disease.

PULMONARY –

The lung x-ray should be free of interstitial pathology. There can be no chronic or recurrent pulmonary infections, even if controlled by medication. Lung capacity and ventilation, as measured by standard spirometry, should be normal, with FEVI/FVC ratio of at least 75%. **Congenital and acquired defects which may restrict pulmonary function, cause air entrapment or affect the ventilation-perfusion shall be disqualifying for both initial training and continuation. In general chronic obstructive or restrictive pulmonary disease of any type shall be disqualifying. Chest trauma or surgery resulting in marked pulmonary scarring or loss of lung tissue is usually disqualifying;** minor stab wounds, tube thoracostomies, and other events leaving minimal scarring are usually acceptable, if spirometry is normal. **Blebs, bronchiectasis, bullae, or other conditions predisposing to air trapping are disqualifying. History of spontaneous pneumothorax is disqualifying.**

NEUROLOGIC -

Seizure disorders are disqualifying or any condition which can result in loss of consciousness or fainting, even if well-controlled by medication (febrile convulsions in childhood are acceptable). In general, minor or ordinary cerebral concussions with brief disorientation and short memory deficit are acceptable. **Severe closed head injuries with more than brief unconsciousness (20-30 minutes), prolonged amnesia, intracerebral injury or hematoma on CT scan, focal neurologic signs or need for hospital care (other than brief observation) are usually disqualifying. Skull fractures penetrating the dura or causing cerebral injury or history of previous brain surgery are disqualifying. Evacuation of extracerebral hematomas is commonly disqualifying, depending on other findings. Previous spinal cord trauma is almost always disqualifying.** Peripheral nerve injuries may be acceptable if normal function is present, there is no objective muscle weakness, and only minor sensory abnormalities. **Most employers will not hire divers subject to migraine syndromes, especially if there are visual, sensory, or motor disturbances, or somnolence.**

MUSCULOSKETAL -

All possible injuries and conditions cannot be covered here. In general, any injury which has healed sufficiently to allow strenuous work and the use of common industrial hand and power tools is acceptable. Previous shoulder, lumbar, or knee procedures where the operating surgeon has approved return to unlimited duty are acceptable. There must be a capacity for heavy lifting, overhead work, work in confined spaces, and carrying loads up ladders and on uneven decks.

GASTROINTESTINAL -

Dysfunction or inflammatory GI problems causing recurrent illness or pain which could mimic abdominal emergencies are disqualifying; recurrent diarrhea is disqualifying. Current symptomatic problems such as gallstones or ulcers should be resolved or healed by surgery or medication. **Permanent ostomies are not acceptable for offshore diving but may be for inshore work. Severe hemorrhoids with chronic bleeding are not acceptable.**

GENITOURINARY-

There must be normal renal and urinary function and no need for chronic medication. **History of recurrent ureteral stones is commonly disqualifying.**

METABOLIC-

In general, there should be no endocrine or other condition requiring chronic medication or predisposing to recurrent illness or loss of consciousness. **Diabetes requiring medication is disqualifying but good control by diet only is usually acceptable. There can be no tendency for symptomatic hypoglycemia.** Mild to moderate obesity is not disqualifying if a good cardiovascular fitness is present, **but over 30% body fat is usually disqualifying, regardless of fitness.** Thyroid replacement for simple hypothyroidism or following radioiodine therapy is acceptable.

SKIN - **Chronic conditions that require regular or frequent medication, are prone to infection, or made worse by marked heat and humidity or by prolonged wearing of tight garments (diving suits) are disqualifying.**

PSYCHIATRIC/BEHAVIORAL -

There should be the ability to live in close quarters with others for long periods without interpersonal friction, and **addiction, alcoholism, or substance abuse is absolutely disqualifying.** Recovering persons with a long period of demonstrated sobriety can be acceptable; where there is doubt, additional time should be required. **Need for tranquilizers, antidepressants, Ritalin, or other psychoactive medications is disqualifying, as is any clear psychiatric or personality disorder, or cognitive illness, even if well controlled.**

Diving medical expertise is commonly based as much on experience as firm medical data. For conditions not covered by the above or for degrees of abnormality which may call for specific medical judgment, consultation should be sought with a physician of your choosing who is familiar with diving medicine.

Association of Diving Contractors International

MEDICAL HISTORY FORM

Employer			Job Title			Date
1. Last Name	First Name	Middle Name	2. Date of Birth		3. Gender	4. SSN or PASSPORT No.
5. Address (Number, Street)	6. City		7. State	8. Zip Code		9. Area Code – Phone Number ( )
10. Emergency Contact Person -- Relationship – Address – Telephone Number						11. Cell Phone Number ( )

12. MEDICAL HISTORY: Have you ever had or been treated for (positive answers must be explained below):

Yes	No		Yes	No		Yes	No	
☐	☐	Convulsions or Seizures	☐	☐	Cardiac Angiogram or ECHO	☐	☐	Herniated Disc or Sciatica
☐	☐	Epilepsy	☐	☐	PFO Repair	☐	☐	Shoulder Injury
☐	☐	Concussion or Head Injury	☐	☐	High Blood Pressure	☐	☐	Elbow Injury
☐	☐	Disabling Headaches	☐	☐	Asthma or Wheezing	☐	☐	Arm/wrist/hand Injury
☐	☐	Loss of Balance/Dizziness	☐	☐	Coughing up Blood	☐	☐	Hip/Leg/Ankle Injury
☐	☐	Severe Motion Sickness	☐	☐	Tuberculosis	☐	☐	Knee Injury or "Trick Knee"
☐	☐	Unconsciousness	☐	☐	Shortness of Breath	☐	☐	Foot Trouble or Injuries
☐	☐	Fainting Spells	☐	☐	Chronic Cough	☐	☐	Dislocations
☐	☐	Wear Contacts/Glasses	☐	☐	Pneumothorax	☐	☐	Swollen Joints
☐	☐	Color Vision Defect	☐	☐	Lung Disease or Surgery	☐	☐	Broken Bones or Fractures
☐	☐	Eye Disease or Injury	☐	☐	Gallbladder Disease or Stones	☐	☐	Varicose Veins
☐	☐	Eye Surgery	☐	☐	Stomach Trouble or Ulcers	☐	☐	Muscle Disease or Weakness
☐	☐	Hearing Loss	☐	☐	Stomach Bleeding	☐	☐	Numbness or Paralysis
☐	☐	Ear Disease or Injury	☐	☐	Frequent Indigestion	☐	☐	Sleep Disorders
☐	☐	Ear Surgery	☐	☐	Jaundice	☐	☐	Diabetes
☐	☐	Perforated Eardrum	☐	☐	Liver Disease or Hepatitis	☐	☐	Goiter or Thyroid Disease
☐	☐	Difficulty Clearing	☐	☐	Rectal Bleeding/Blood in Stools	☐	☐	Blood Disease
☐	☐	Nose Bleed	☐	☐	Hemorrhoids (Piles)	☐	☐	Anemia: Sickle Cell or Other
☐	☐	Airway Obstruction	☐	☐	Gas Pains	☐	☐	Skin Rash or Disease
☐	☐	Hay Fever or Allergies	☐	☐	Crohn's Disease/Ulcerative Colitis	☐	☐	Staph Infections
☐	☐	Chest Pain	☐	☐	Rupture or Hernia	☐	☐	Tumor or Cancer
☐	☐	Heart Murmur	☐	☐	Kidney Disease	☐	☐	Claustrophobia
☐	☐	Rheumatic Fever	☐	☐	Kidney Stones	☐	☐	Mental Illness/Depression/Anxiety
☐	☐	Heart Attack	☐	☐	Protein, Sugar or Blood in Urine	☐	☐	Nervous Breakdown
☐	☐	Abnormal Heart Rhythm	☐	☐	Joint Pain/Arthritis	☐	☐	Any Sexually Transmitted Disease
☐	☐	Heart Disease	☐	☐	Back Strain or Injury	☐	☐	Contagious Disease
☐	☐	Cardiac Stent or Angioplasty	☐	☐	Spine Problems	☐	☐	Other Illness or Injury or Any Other Medical Condition
		For Females ONLY	☐	☐	Painful Menses			
☐	☐	Irregular Menses	☐	☐	Pregnancy	Last Menstrual Period		

PLEASE EXPLAIN THE DETAILS OF EACH ITEM CHECKED YES

13. LIST ALL SURGERIES YEAR

14. LIST ALL HOSPTALIZATIONS YEAR

15. LIST ALL INJURIES YEAR

16. LIST ALL MEDICATIONS, PRESCRIPTION OR OVER THE COUNTER

17 ANSWER THE FOLLOWING QUESTIONS:

Every Item Checked Yes Must Be Fully Explained Below	YES	NO		YES	NO
Do you have any physical defects or any partial disabilities?			Have you ever resigned, been terminated, or changed jobs for medical reasons?		
Have you ever been rejected or rated for insurance, employment, license, or armed forces for health reasons?			Have you ever been dismissed from employment because of excess use of drugs or alcohol?		
Have you ever had illnesses, injuries, or lost time accidents from any work that you have done?			Do you have any allergies or reactions to food, chemicals, drugs, insect stings, or marine life?		
Have you been advised to have a surgical operation or medical treatment that has not been done?			Are you presently under the care of a physician? Give physician's name and address on the next page.		

COMMENTS:

18. **My Personal Physician is:** Name _____
Address _____
City, State _____
Phone Number _____

19. **DIVING HISTORY** **How long have you been commercial diving?** _____

Surface Air Diving History

Maximum Depth Surface Air _____
Maximum Depth Surface Mixed Gas _____
Longest Bottom Time Air _____
Longest Bottom Time Mixed Gas _____

Saturation Diving History

Heliox Yes ☐ No ☐
Trimix Yes ☐ No ☐
Nitrox Yes ☐ No ☐

Maximum Depth _____
Maximum Duration (Days) _____

20. **DIVING EXPERIENCE (Number of years experience):**

Air ____
Mixed Gases ____
Saturation ____

Have you passed an oxygen tolerance test? Yes ☐ No ☐

Name of Diving School _____

21. **INDICATE THE NUMBER OF DECOMPRESSION INCIDENTS**
If None put 0 (Zero) **List any residuals**

Bends, pain only ____ _____
Bends, neurological ____ _____
Chokes ____ _____
Inner ear ____ _____

22. **IN DIVING HAVE YOU HAD A HISTORY OF: (Provide details of dates and severity)**

	Yes	No	Details		Yes	No	Details
Gas Embolism	☐	☐		Lung Squeeze	☐	☐	
Oxygen Toxicity	☐	☐		Near Drowning	☐	☐	
CO_2 Toxicity	☐	☐		Asphyxiation	☐	☐	
CO Toxicity	☐	☐		Vertigo (Dizziness)	☐	☐	
Ear/Sinus Squeeze	☐	☐		Pneumothorax	☐	☐	
Ear Drum Rupture	☐	☐		Nitrogen Narcosis	☐	☐	
Deafness	☐	☐		Loss of Consciousness	☐	☐	

23. **Have you been involved in a diving accident (decompression sickness or others) since your last physical examination?** ☐Yes ☐No
Date of last physical examination: _____
For what company or organization were you last examined? _____

Name of Physician who performed your last exam _____
Address of Physician _____
City, State _____

24. **Have you ever had any of the following? If so, give approximate date:**

Yes	No		Give Date	Yes	No		Give Date
☐	☐	Chest X-Ray		☐	☐	Nerve Condition Studies	
☐	☐	Longbone Series		☐	☐	Pulmonary Function Studies	
☐	☐	Back (Spine) X-Ray		☐	☐	Audiogram	
☐	☐	ENG		☐	☐	EKG	
☐	☐	EEG		☐	☐	Exercise (Stress) EKG	
☐	☐	EMG		☐	☐	MRI	

25. **Physician Remarks:** _____

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT LEAVING OUT OR MISREPRESENTING FACTS CALLED FOR ABOVE MAY BE CAUSE FOR REFUSAL OF EMPLOYMENT OR SEPARATION FROM THE COMPANY. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE COMPANY MEDICAL EXAMINER WITH A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY PHYSICAL EXAM.

Date _____ **Signature** _____

Association of Diving Contractors International

PHYSICAL EXAMINATION FORM

Employer	Date	Date of Birth	Age

1. Last Name	First Name	Middle Name	2. SSN or PASSPORT No.

3. Height (inches)	4. Weight (pounds)	5. Body Fat (%) (Optional)	6. BMI (Optional)

7. Temperature	8. Blood Pressure	9. Pulse/Rhythm	10. General Appearance/Hygiene	11. Build
	/			

12. Distant Vision:		13. Near Vision: Jaeger		14. Color Vision (Test Performed and Results)
R. 20/	Corr. to 20/	R. 20/	R. 20/	
L. 20/	Corr. to 20/	L. 20/	L. 20/	

15. Field of Vision (Degrees) R ° L °

16. Contact Lenses ☐ Yes ☐ No

NORMAL	ABNORMAL	Check each item in appropriate column (enter NE for Not Evaluated)	REMARKS
		17. Head, Face, Scalp	
		18. Neck	
		19. Eyes	
		20. Ears – General (internal and external canal)	
		21. Eustachian Tube Function	
		22. Tympanic Membrane	
		23. Nose (Septal Alignment)	
		24. Sinuses	
		25. Mouth and Throat	
		26. Chest	
		27. Lungs	
		28. Heart (Thrust, Size, Rhythm, Sounds)	
		29. Pulses (Equality, etc.)	
		30. Vascular System (Varicosities, etc.)	
		31. Abdomen and Viscera	
		32. Hernia (All Types)	
		33. Endocrine System	
		34. G-U System	
		35. Upper Extremities (Strength, ROM)	
		36. Lower Extremities (Except Feet)	
		37. Feet	
		38. Spine	
		39. Skin, Lymphatics	
		40. Anus and Rectum	
		41. Sphincter Tone	
		42. Pelvic Exam	

NEUROLOGICAL EXAMINATION

43. CRANIAL NERVES

		NORMAL	ABNORMAL	NE
I	Olfactory			
II	Optic			
III	Oculomotor			
IV	Trochlear			
V	Trigeminal			
VI	Abducens			

		NORMAL	ABNORMAL	NE
VII	Facial			
VIII	Auditory			
IX	Glossophayrngeal			
X	Vagus			
XI	Spinal Accessory			
XII	Hypoglossal			

44. REFLEXES

DEEP TENDON

	Left					Right				
	0	1	2	3	4	0	1	2	3	4
Triceps										
Biceps										
Patella										
Achilles										

PATHOLOGICAL

	Left		Right	
	Present	Absent	Present	Absent
Babinski				
Hoffman				
Ankle Clonus				

SUPERFICIAL

	Present	Absent	NE
Upper Abdomen			
Lower Abdomen			
Cremasteric			

45. CEREBELLAR FUNCTION

	0	1	2	3	4
Ataxia					
Tremor (intention)					

	Normal	Abnormal
Finger to Nose		
Heel to Shin (Sliding)		

46. MUSCLE STRENGTH

	1	2	3	4	5
Right Upper Extremity					
Left Upper Extremity					
Right Lower Extremity					
Left Lower Extremity					

TONE

Normal	Abnormal

47. PROPIOCEPTION

	Left		Right	
	Normal	Abnormal	Normal	Abnormal
Joint Position Sense				
Stereognosis				
Vibratory Sensation				

48. NYSTAGMUS

	Present	Absent
End Point Lateral Gaze		
Pathological		

49. SENSATION

	Normal	Abnormal
Hot		
Cold		

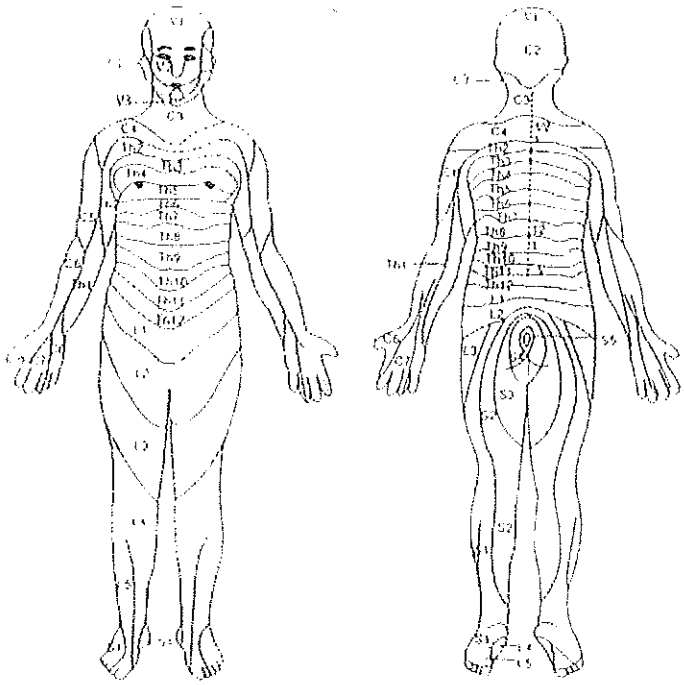
	Normal	Abnormal
Sharp		
Soft		

Two Point Discrimination	
Normal	
Abnormal	

50. RHOMBERG

Absent	
Present	

51. MISCELLANEOUS REMARKS



LABORATORY FINDINGS

52. Urinalysis

Color _____
Appearance _____
Sp. Gravity _____
Ph _____

	0	1+	2+	3+	4+
Sugar					
Blood					
Ketones					
Bilirubin					
Protein					

53. Blood Tests

CBC
Normal ☐
Abnormal ☐

Sickle Cell ☐ Pos ☐ Neg

Attach Reports
RPR ☐ Pos ☐ Neg
HIV ☐ Pos ☐ Neg

54. Pulmonary Function

FVC _____
FEV1 _____
FEV1/FVC _____

55. X-rays

	Normal	Abnormal
Chest	☐	☐
Lumbar Spine	☐	☐
Long Bone Series	☐	☐
Other	☐	☐

(Describe) _____

56. Electrocardiogram

Static _____
Exercise Stress _____

57. Audiogram

Hz	500	1000	2000	3000	4000	6000	8000
Left							
Right							

58. Comprehensive Metabolic Panel Attach Report

Normal ☐
Abnormal ☐

Lipid Panel (if done)

Normal ☐
Abnormal ☐

Comments: _____

59. Drug Screen

☐ Not collected
☐ Collected, results sent to employer

Work Status:

☐ Fit for diving
☐ Unfit for diving

By checking any of the spaces above, Examinee's physician acknowledges that The Ocean Corporation may rely upon such information and that he/she has, to the extent deemed necessary, fully examined his/her patient.

Comments: _____

Examinee Signature _____

Examinee Name _____

Physician Signature _____

Physician Name _____

Address _____

Phone Number _____

Date of Examination _____