


Workplace Health, Safety & Compensation Commission

Phone: (709) 778-1000
 Toll free: 1-800-563-9000
 Fax: (709) 778-1302
 Toll free fax: 1-800-276-5257

146 - 148 Forest Rd.
 P.O. Box 9000
 St. John's, NL
 A1A 3B8



INSTRUCTIONS FOR COMPLETION OF COMMERCIAL DIVER'S MEDICAL FITNESS FORMS

The Occupational Health and Safety Regulations require requests that a diver have a valid certificate of medical fitness to dive, prior to commencing any commercial diving operation. This certificate must be renewed annually or more frequently if clinically indicated.

The diver's medical fitness must also be re-evaluated if the diver is subjected to an event or has a physical condition, which may affect medical status.

A commercial diver's medical fitness certification must be carried out by a physician knowledgeable and competent in diving medicine. The Commission maintains a current list of such physicians.

Diving medical fitness examinations are conducted in accordance with the Workplace Health, Safety and Compensation Commission forms:

- (1) Medical examination of fitness for Commercial Diving
- (2) Certificate of Medical Fitness

The list of physicians and the forms are available from the Workplace Health, Safety and Compensation Health Care Services.

DIVER'S RESPONSIBILITIES

1. Complete the Diver's Questionnaire in its entirety.
2. Complete the **diver information section** of the Commercial Diver's Certificate of Medical Fitness.

PHYSICIAN'S RESPONSIBILITIES

1. Commercial Diver's Medical Fitness Examination
 - (a) Review the history provided by the diver, obtain additional information as necessary and record it in the spaces provided for details or doctor's comments.
 - (b) Complete the physical examination and record the findings.
 - (c) Arrange for the required investigations (as per Requirements for Commercial Diver Medical Examination and Testing), as well as any other investigations/consultations clinically indicated. This should be done in a timely fashion. Record the test results on the form.
 - (d) After reviewing the results, complete the physician's declaration and classification.
2. **Commercial Diver's Certificate of Medical Fitness**

Complete the section on occupational diver medical fitness examination results.


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COMMERCIAL DIVER'S CERTIFICATE OF MEDICAL FITNESS

This certificate of medical fitness is granted as a result of having passed a comprehensive commercial diver's medical fitness examination conducted by a physician knowledgeable and competent in diving medicine.

DIVER INFORMATION

DIVER'S LAST NAME (please print)			FIRST NAME(S)		
DATE OF BIRTH		SOCIAL INSURANCE NUMBER		MCP NUMBER	
YY	MM	DD			
MAILING ADDRESS					
CITY		PROVINCE		POSTAL CODE	
HOME TELEPHONE NUMBER			BUSINESS TELEPHONE NUMBER		

COMMERCIAL DIVER'S MEDICAL FITNESS EXAMINATION RESULTS

CLASSIFICATION					
<input type="checkbox"/> FIT FOR UNRESTRICTED DIVING		<input type="checkbox"/> FIT WITH RESTRICTIONS (specify restrictions)		<input type="checkbox"/> UNFIT TEMPORARILY (specify why)	
<input type="checkbox"/> FIT FOR CONTAMINATED ENVIRONMENT				<input type="checkbox"/> UNFIT PERMANENTLY (specify why)	

DATE OF EXAMINATION		DATE OF MEDICAL CERTIFICATION		EXPIRY DATE OF MEDICAL FITNESS CERTIFICATE (must be renewed annually or more frequently if clinically indicated)	
YY	MM	DD	YY	MM	DD
				<input type="checkbox"/> 1 YEAR FROM DATE OF EXAMINATION <input type="checkbox"/> OTHER SPECIFY EXPIRY DATE	
PHYSICIAN'S SIGNATURE			MAILING ADDRESS		
			CITY		PROVINCE
					POSTAL CODE
PHYSICIAN'S NAME (please print clearly)			TELEPHONE NUMBER		FAX NUMBER



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MEDICAL EXAMINATION OF FITNESS FOR COMMERCIAL DIVING

MEDICAL ASSESSMENT TO BE PERFORMED ONLY BY A DIVING MEDICINE PHYSICIAN WITH DIVING REGULATIONS OF NEWFOUNDLAND AND LABRADOR

NAME: TELEPHONE! (home): TELEPHONE! (work): TELEPHONE! (other):	AGE: S.I.N.: MCP#:	DATE OF BIRTH:	ADDRESS: POSTAL CODE: FAMILY DOCTOR: NEXT OF KIN:
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DIVER'S Questionnaire - DO YOU HAVE OR HAVE YOU EVER HAD OR BEEN TREATED FOR ANY OF THE FOLLOWING:

No.		NO	YES	Details of all YES answers	NO	YES	No.	
1.00	HEART, LUNGS, BLOOD VESSELS						6.00	BREAST GYNECOLOGY AND PREGNANCY
1.01	Chest pain angina. heart attack						6.01	Breast disease lumps ... implants
1.02	Palpitations irregular heart beat						6.01	Menstrual or other gynecology problems
1.03	High or low blood pressure or cholesterol						6.03	Pregnancy or child birth
1.04	Heart murmur, rheumatic fever						7.00	MALE ORGANS
1.05	Varicose veins, phlebitis						7.01	Testicle, prostate, other problems
1.06	Ankle swelling, heart failure						8.00	INTESTINES, KIDNEY, BLADDER, URINE
1.07	Poor circulation hands or feet						8.01	Ulcer, gastritis, vomiting blood, heartburn
1.08	Stress test echocardiogram						8.02	Sea or motion sickness, hemorrhoids
1.09	Asthma, bronchitis, wheezing						8.03	Gall bladder problem, jaundice, hernias
1.10	Wheezing due to cold or exercise						8.04	Chronic diarrhea, blood in stools
1.11	Wheezing due to allergy						8.05	Colitis, Crohn's disease, other bowel problems
1.12	Pneumonia, tuberculosis, pleurisy						8.06	Weight problem, eating disorder
1.13	Pneumothorax, collapsed lung						8.07	Kidney stones or disease, dialysis
1.15	Chest or lung surgery						8.08	Urine infection or blood, bladder problem
1.16	Use of puffers and inhalers						9.00	DIABETES, GLANDULAR PROBLEMS
1.17	Shortness of breath, chronic cough or sputum						9.01	Diabetes, thyroid or other glandular problem
1.18	Other heart lung or blood vessel problem						10.00	BLOOD DISEASE, CANCER, TUMOURS
2.00	NERVOUS SYSTEM PSYCHIATRIC PSYCHOLOGICAL						10.01	Anemia, bleeding, or bruising disorder
2.01	Seizure, convulsion, black out, fits						10.02	Sickle cell, blood disorder, leukemia
2.02	Paralysis, stroke weakness, numbness						10.03	Cancer, tumour, radiation, or chemotherapy
2.03	Head injury or convulsion						11.00	SKIN MUSCLES BONES JOINTS SPINE
2.04	Migraine or severe headache						11.01	Eczema, dermatitis, rashes, skin problems
2.05	Dizziness, tremor, vision or speech						11.02	Muscle weakness, arthritis
2.06	Depression, breakdown, suicide attempt						11.03	Broken bones, joint or bone problem
2.07	Anxiety, panic attack, psychiatric treatment						11.04	Back, neck, spinal injury or painful condition
2.08	Schizophrenia, manic depression, psychosis						12.00	FAMILY HISTORY BLOOD RELATIVES
2.09	Fear of Confined spaces, heights, other fears						12.01	Diabetes, heart disease, high blood pressure
2.10	Other brain/spinal/psychological problem						12.02	Asthma, bowel problem, mental illness
3.00	EARS, NOSE, SINUS, THROAT, DENTAL, VISION						13.00	PERSONAL HISTORY
3.01	Dentures, hearing aid, glasses, contact lenses						13.01	Smoke or chew tobacco (amount per week?)
3.02	Infection of ear canal ear, sinuses, sinusitis						13.02	Drink alcohol (amount per week)
3.03	Difficulty equalizing ears, (diving, flying, driving)						13.03	Use of "street" or other drugs
3.04	Deafness, vertigo, ringing in ears, tinnitus						13.04	Any treatment for drug and alcohol
3.05	Nasal polyps, ruptured ear drum, Menieres						13.05	Any religious constraints on health care
3.06	Blood in ears, nose, diving mask						13.06	Exposure to toxic chemicals or excess noise
3.07	Dental abscess, throat problem (incl. hoarseness)						13.07	Off work ever due to injury or illness
3.08	Loss of vision, hearing, or balance						13.08	Refused employment/insurance due to health
3.09	Recent loss of vision						13.09	Any disability, amputations, limitations
3.10	Other problems with ears, sinuses eyes						14.00	DIVING MEDICAL HISTORY
4.00	INFECTIOUS DISEASES, VACCINATIONS						14.01	Diving deeper than 100 fsw
4.01	Hepatitis, HIV, AIDS						14.02	Saturation, mixed gas, sur. decompression
4.02	Sexually transmitted disease, herpes						14.03	Decompression illness, accident barotrauma
4.03	Malaria, tropical diseases						14.04	Hyperbaric treatment
4.04	Tetanus or other vaccinations needed						14.05	Previous chest or long bone x-rays (dates)
5.00	EXERCISE, PHYSICAL ACTIVITY						14.06	Declared unfit for diving before
5.01	Any regular exercise or sports						15.00	MEDICAL HISTORY
							15.01	Allergies (list all known to you)
							15.02	Any surgeries, past or planned (list with dates)
							15.03	Any other hospital admissions or treatment
							15.04	Any current medications (Include over the counter and homeopathic drugs)

Reason for this exam:	<input type="checkbox"/> Initial medical	<input type="checkbox"/> Annual medical	<input type="checkbox"/> 5-year review	<input type="checkbox"/> After illness or accident	<input type="checkbox"/> Prior to return to diving
Previous diving medical examination:	<input type="checkbox"/> None	<input type="checkbox"/> Physician	Date _____	Place _____	
Occupational diving qualifications:	<input type="checkbox"/> Trainee	<input type="checkbox"/> Restricted SCUBA	<input type="checkbox"/> Unrestricted SCUBA	<input type="checkbox"/> Restricted surface supply	<input type="checkbox"/> Unrestricted surface supply
			<input type="checkbox"/> Other		
Types of diving:	<input type="checkbox"/> Harvesting	<input type="checkbox"/> Aquaculture	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Offshore	<input type="checkbox"/> Other

DECLARATION: I declare that the above information is true and complete. I understand that any false statements shall be considered sufficient grounds to disqualify me from employment. I also understand that this information will be treated as medically confidential and will not be forwarded to non-medical personnel. I also authorize the examination physician to contact my family physician, other doctors, or hospitals to obtain details of my medical history.

Name: _____ Signature: _____ Date: _____ Witness: _____

LOG BOOK REVIEWED _____ POSITIVE PHOTO ID _____

PHYSICAL ASSESSMENT (this side to be completed by the diving medicine physician)

Issues arising from review of history:			
Clinical Measurements		Clinical and risk assessments	
Height(cm)	Blood Pressure	Heart sounds normal, murmurs absent	Cognitive function
		Airway, chest, breathing	Family history risk normal
		Spine ROM normal, absence of tremor	No medical work absences
Weight(kg)	Pulse	Gait, Rhombergism, vestibular, cerebellar	Occupational risk
		Skin disorders, rashes, scars, infections	Lifestyle risk
		Masses and obesity absent	Exercise ability for occupational diving
BMI	Male Female	General appearance, hygiene	
		Teeth and gums, no dentures	
Key: ✓ or N = normal or yes/ X = abnormal or no 0 = absent 1 = decreased 2 = normal 3 = Increased 4 = abnormally Increased Plantars ↓↑			

EYES	Distance vision	LEFT	RIGHT	Not required: Breast, genital, prostate, rectal, or pelvic examination. Comments, abnormalities, deformities, scars, distinguishing features:
	Uncorrected			
	Corrected			
	Near vision			
	Uncorrected			
	Corrected			
	Colour			
	Confirmation			
	PERLA			
	Fund			
	Nystagmus absent			
EARS	Clinical hearing			
	Renne & Weber			
	Ear Canal			
	Tympanic membrane			
	Equalize			
	Nose and Sinuses			
	Cranial Nerves II - XII			
ARMS	Power			
	Tone			
	Pin Prick			
	Touch			
	Vibration			
	Proprioception			
	Veins			
	Perfusion & pulses			
	All intact, joints good			
	ROM			
LEGS	Reflexes lower limb			
	Lower limb			
	Power			
	Tone			
	Pin prick.			
	Touch			
	Vibration			
	Proprioception			
	Veins			
	Perfusion & Pulse			
All intact, joints good				
ROM				
	Reflexes			
	Plantars			
CHEST	Breath sounds, expansion			
	No ronchi added sounds			
	Organs and hernial offices			
ABDO	Lymph nodes			
OTHER	Bruits (carotoid, renal, aortic)			

EXAMINING PHYSICIAN'S OPINION	UNFIT	FIT
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INVESTIGATIONS & REFERRALS			Fit for unrestricted diving?		Physician's stamp
Always required	Done?	Results and comments	Fit for all conditions and climates?		
Pulmonary function			Fit only with restrictions (specify)		
Urinalysis			Unfit temporarily		
As required			Unfit permanently?		
Chest x-ray			Physician's name		
Bone x-rays					
CBC, glucose, creatinine					
Alk. phos. ALT, GGT					
Audiogram					
ECG					
Specialist referral					
Other (specify)			Physician's signature		
			Date:		


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**REQUIREMENTS FOR
COMMERCIAL DIVER
MEDICAL EXAMINATION
AND TESTING**


	APPROXIMATE COST	FIRST MEDICAL BEFORE	BEFORE SATURATION DIVING FOR UNUSUAL PROBLEMS	ANNUAL MEDICAL	MAXIMUM MEDICAL INTERVAL FOR MEDICAL TESTS		HYPERBARIC TREATMENT AND RETURN TO DIVING ACCIDENT	AFTER MAJOR ILLNESS
					<50 years	>50 years		
Responsibility for payment		Employer/Diver	Employer/Diver	Employer/Diver	Employer/Diver	Employer/Diver	WHSCC	WHSCC
								MCP
								Diver
Medical examination and minimum level of diving medicine physician (see below)								
Diving medicine specialist		Level 1, 2 or 3	Level 2 or 3	Level 1, 2 or 3			Level 2 or 3	Level 2 or 3
	\$188.00	\$188.00	\$188.00	\$188.00				
MEDICAL TEST:								
X-RAYS								
Chest X-rays (single view PA)	\$71.12	Yes	Yes	A.R.	5 years	2 years	A.R.	A.R.
Chest X-rays (two views PA and lateral)		A.R.	A.R.	A.R.		A.R.	A.R.	A.R.
long bone series*	\$660.08	Yes	A.R.	A.R.	A.R.		A.R. (must be done after decompression injury)	
LUNG FUNCTION								
Pulmonary function	\$21.00	Yes	Yes	Yes	1 year	1 year	A.R.	A.R.
HEARING TEST								
Audiogram	\$31.00	Yes	Yes	A.R.	5 years	5 years	A.R.	A.R.
BLOOD TESTS								
CBC	\$9.00	Yes	Yes	Yes	5 years	1 year	Yes	A.R.
Electrolytes	\$7.00	Yes	Yes	Yes	5 years	1 year	Yes	A.R.
Glucose	\$4.95	Yes	Yes	Yes	5 years	1 year	Yes	A.R.
Coagulation (PT/PTT)	\$16.22	Yes	Yes	A.R.	5 years	5 years	Yes	A.R.
BUN/creatinine	\$5.60	Yes	Yes	Yes	5 years	1 year	Yes	A.R.
Sickle cell test	\$25.20	A.R.	A.R.	A.R.	A.R.	A.R.	A.R.	A.R.
Liver function (AP, ALT, GGT)	\$9.54	Yes	Yes	Yes	5 years	A.R.	A.R.	A.R.
Hepatitis A, B, C	\$10.80	Yes	Yes	A.R.	5 years	1 year	A.R.	A.R.
HIV	\$10.80	A.R.	Yes	A.R.	5 years	1 year	A.R.	A.R.
Cholesterol	0.73	A.R.	A.R.	A.R.	A.R.	A.R.	A.R.	A.R.
Pregnancy	\$12.60	A.R.	Yes	A.R.	A.R.	A.R.		
Taking blood sample	\$14.40	Yes	Yes		Yes			
URINE TESTS								
Urinalysis (urine test)	\$5.40	Yes	Yes	Yes	1 year	1 year	A.R.	A.R.
HEART TESTS								
ECG (Including interpretation)	\$44.00	Yes	Yes	A.R.	5 year	1 year	Yes	A.R.
TYPICAL COST TO DIVER OR EMPLOYER \$1,098.11 (if no A.R. tests done) \$264.89 (if no A.R. tests done)								
* Long bone series - AP shoulders, hips and knees sharing adjacent shafts								
All the tests and items below are covered by MCP or WHSCC as appropriate.								
HEART TESTS								
Stress test		No	A.R.	A.R.	A.R.	A.R.	A.R.	A.R.
Cardiac echocardiogram		A.R.	A.R.	A.R.	A.R.	A.R.	A.R.	A.R.
Cardiac catheterization		A.R.	A.R.	A.R.	A.R.	A.R.	A.R.	A.R.
BRAIN TESTS								
Electroencephalogram (EEG)		A.R.	A.R.	A.R.	A.R.	A.R.	A.R.	A.R.
OTHER TESTS AND EXAMINATIONS								
Specialist consultation		A.R.	A.R.	A.R.	A.R.	A.R.	A.R.	A.R.
Other tests		A.R.	A.R.	A.R.	A.R.	A.R.	A.R.	A.R.
NOTES AND EXPLANATIONS								
PHYSICIAN Level 1, Level 2, level 3	Refers to Canadian Standards Association classification of Diving Medicine Specialists.							
Requirements for examination/testing								
Yes	This test must always be done, regardless of the findings on examination.							
No	This test or examination is not required or not appropriate.							
A.R. (As required)	This test must be performed as directed by diving physician.							
RESPONSIBILITY FOR PAYMENT								
WHSCC	Workplace Health, Safety, and Compensation Commission							
MCP	Provincial Medical Care Plan or equivalent from other provinces							
Employer/Diver	The OH&S Act requires that medical costs are the responsibility of the diver's employer unless the diver is self-employed (such expenses are tax deductible).							

All expenses incurred by divers or companies for medical assessment must be tax deductible, including travel, accommodation, etc.