

G. DIVE SUPPLEMENT FORM

Required Only for Programs that include Scuba Diving

All participants must be evaluated by a physician (preferably by one familiar with diving) within **one year** of the program's start date. Divers must be age 18 or older.

Along with this completed form, you must also submit the following to Earthwatch:

- Doctor Approval Form – Scuba (completed by the evaluating physician)
- Copy of your Dive certification card
- Copy of your Dive insurance card

Please also bring your dive log, most recent certification, and dive insurance card with you on the program.

SUPPLEMENTAL HEALTH QUESTIONNAIRE

Scuba diving is a physically demanding activity with inherent risks; it requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below.

You are responsible for seeking appropriate medical advice to determine your ability to participate in this project. If you have any concerns about your diving fitness not represented here, consult with a physician before diving.

Instructions: In order to participate in the Earthwatch program, please indicate below any health conditions that you have or have had. For your safety, and that of others who may dive with you, please answer all questions honestly.

I HAVE/HAVE HAD:	YES	NO
Lung, breathing, heart and/or blood problems affecting normal physical or mental performance.		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (e.g., stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.		
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits physical activity/exercise.		
Heart problem/illness such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am currently taking medication for any heart condition.		
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.		
Symptoms affecting the lungs, breathing, heart and/or blood in the last 30 days that impair physical or mental performance.		

I AM OVER 45 YEARS OF AGE AND:	YES	NO
Have high cholesterol.		
Have high blood pressure.		
Currently smoke or inhale nicotine by other means.		
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).		



I HAVE/HAVE HAD:	YES	NO
Problems with my eyes, ears, or nasal passages/sinuses.		
Sinus surgery within the last 6 months.		
Ear disease or ear surgery, hearing loss, or problems with balance.		
Recurrent sinusitis within the past 12 months.		
Eye surgery within the past 3 months.		

I HAVE/HAVE HAD:	YES	NO
Loss of consciousness, migraine headaches, seizures, stroke, significant head injury, or suffers from persistent neurologic injury or disease.		
Head injury with loss of consciousness within the past 5 years.		
Persistent neurologic injury or disease.		
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.		
Epilepsy, seizures, or convulsions, OR takes medications to prevent them.		

I HAVE/HAVE HAD:	YES	NO
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.		
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.		
An addiction to drugs or alcohol requiring treatment within the last 5 years.		

I HAVE/HAVE HAD:	YES	NO
Back problems, hernia, ulcers, or diabetes.		
Recurrent back problems in the last 6 months that limit everyday activity.		
Back or spinal surgery within the last 12 months.		
An uncorrected hernia that limits physical abilities.		
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.		

	YES	NO
I currently take prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).		



I HAVE/HAVE HAD:	YES	NO
Stomach or intestine problems, including recent diarrhea.		
Ostomy surgery and does not have medical clearance to swim or engage in physical activity.		
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.		
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).		
Active or uncontrolled ulcerative colitis or Crohn's disease.		
Bariatric surgery within the last 12 months.		

I HAVE/HAVE HAD:	YES	NO
Been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.		
Ongoing problems related to a past surgery.		

FOR FEMALE PARTICIPANTS:	YES	NO
I am pregnant or attempting to become pregnant.		

If you have replied "Yes" to any of the questions above, please explain in detail here:

DIVING ABILITY & COMFORT

For each activity, please indicate your swimming or diving ability in calm water, with fins and buoyancy device.

	Easily	Moderately well	With difficulty	Not at all
I can surface dive to at least 15 feet/4.6 m multiple times per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can surface dive to at least 20 feet/6 m multiple times per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can perform up to 2 dives per day at up to 65 feet/20 m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While diving, I can swim underwater for at least 220 yards/200m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While diving, I can swim underwater for at least 550 yards/500m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can tread water non-stop for 10 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIVE EXPERIENCE

Please indicate your dive history.

Date of Most Recent Dive (dd-mon-yyyy)			
Highest Scuba Certification Achieved <i>For example, scuba diver, open water diver, ocean diver, rescue diver, dive master, etc.</i>	Granting Authority <i>For example PADI, CMAS, SSI, NAUI, BSAC, etc.</i>	Date of Certification (dd-mon-yyyy)	

How many dives have you made at the following depths?

Depth	less than 30 ft/10 m	30-49 ft/10-17 m	50-100 ft/17-30 m	over 100 ft/ 30 m
Number of dives:				
Date of last dive at each depth: (dd-mon-yyyy)				

Approximately what percentage of your diving experience has been in... <i>Total should equal 100%.</i>	
Ocean	Fresh Water (lake, quarry, etc.)

Approximately what percentage of your diving experience has been from... <i>Total should equal 100%.</i>	
Boat	Shore

PARTICIPANT AFFIRMATION

I understand the physical demands of the project for which I have signed up. I understand it is my responsibility to determine if I am able to participate safely given any medical conditions I may have.

I have reviewed the Health Declaration & Self-Assessment section of the Earthwatch Participation Form, this Dive Supplement Form with Health Questionnaire, and the Online Expedition Briefing with a doctor/nurse practitioner.

I have answered all questions on this and other Earthwatch Participation Forms truthfully and completely, and understand that truthful disclosure of medical conditions will not necessarily lead to exclusion from a program.

Participant Name:		Date of Birth: (dd-mon-yyyy)	
Participant Signature:		Date of Signature: (dd-mon-yyyy)	

H. DOCTOR APPROVAL FORM – Scuba

Dive Medical Examiner's Evaluation

Medical approval is required for participation in an Earthwatch program that involves scuba diving.

Patient Name:		Date of Birth: (dd-mon-yyyy)	
Project Title:			
Start Date: (dd-mon-yyyy)		End Date: (dd-mon-yyyy)	

TO THE MEDICAL EXAMINER:

Your patient intends to join an Earthwatch expedition which involves scuba diving in the collection of research data, and requests your opinion of his/her medical suitability to participate in these activities. These dives are expected to be more difficult than recreational diving, as the research tasks involve greater physical exertion. This may increase fatigue and exacerbate any physical limitations.

Please review the following and discuss the project's physical demands and health risks with your patient.

- Review the *Project Conditions, Essential Eligibility Requirements, Health and Safety, and Project Risks and Precautions* sections of the **Online Expedition Briefing** carefully as these address any health, safety or fitness concerns specific to the project and the region.
- Review the information provided by your patient in the **Health Declaration & Self-Assessment** section of their Earthwatch Participation Form and the **Dive Supplement Form with Health Questionnaire**.
- Visit uhms.org for Diving Medical Guidance. Review the areas relevant to your patient as part of your evaluation.

EVALUATION RESULT

- Approved** – I find no conditions that I consider incompatible with scuba diving.
- Not approved** – I find conditions that I consider incompatible with scuba diving.

Doctor Signature:		Date of Signature: (dd-mon-yyyy)	
Appointment Date: (dd-mon-yyyy)		How long have you known the patient?	
Doctor Name:		Specialty:	
Email:		Telephone: (incl. country code)	
Comments: (office stamp optional)			

The medical professional signing this form must not be related to the patient in any way, including by marriage.

Adapted from the [Diver Medical Participant Questionnaire and Medical Examiner's Evaluation Form](#) created by the Diver Medical Screen Committee (Form 10346 EN Version date: 2022-02-01).