

DIVING INFORMATION

1. Year of first dive	4b. If you have been an active diver in the last 12 months please tell us how many dives at each depth range 0 - 10 metres 11 - 20 metres 21 - 30 metres More than 30 metres: Number of dives with a compulsory deco stop:	4c. What bottom mix gas do you mainly use? (circle as appropriate) Air Nitrox Trimix
2. How many dives have you made in your diving career		
3. Date of last dive/...../..... DD MM YY		
4. How many dives have you made in the last 12 months		
4a. What is the maximum depth you have dived in the last 12 months metres		

HEALTH INFORMATION - Please circle or tick each answer as appropriate

5. Have you been admitted to hospital for a diabetic condition in the last 12 months? If yes, please tell us about it on page 5	Yes	No
6. Have you experienced any episodes of hypoglycaemia in the last 12 months and in what circumstances did these occur. If yes please tell us about it on page 5	Yes	No
7. Have you had an annual checkup at the diabetic clinic involving eyes, nervous system, kidneys and glycosylated haemoglobin or fructosamine level	Yes	No
8. What portable glucometer do you use and how often do you calibrate it	Name/Make Calibration	
9. Who undertakes the majority of your diabetic care	Hospital GP	
10. Do you check blood glucose pre and post dive	Always Sometimes Never	
11. Do you eat or drink as appropriate pre dive	Yes	No
12. Have you had any incidents due to low blood sugar in the last year If yes please explain the circumstances and the outcome on page 5	Yes	No
13. Please give the year when was diabetes first diagnosed and under what circumstance, you can give details on page 5		
14. Do you smoke cigarettes 14a If yes please indicate how many a day	Yes	No How many
15. Do you regularly consume alcohol 15a If yes please indicate you average weekly consumption <i>One unit = half pint of beer, lager or cider, or one measure of spirits or vermouth, or one glass of wine or sherry</i>	Yes	No How much
16. Women only to answer this question. Does the control of your diabetes differ in relation to your menstrual cycle? If yes please tell us how on page 5	Yes	No
17. Do you take fluids before you dive	Yes	No

<p><i>We recommend you carry the following in your dive kit</i></p> <p><i>a. Oral glucose tablets or a tube of glucose paste</i></p> <p><i>b. Emergency intramuscular injection of glucagon</i></p> <p><i>c. Glucose oxidise sticks together with the necessary glucometer kit and CLEAR instructions for the use of such a kit</i></p> <p>18. Do you carry all or any of the above with you to the dive site or on the boat, please indicate by putting a circle round your answer</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Always</td> <td>a</td> <td>b</td> <td>c</td> </tr> <tr> <td>Sometimes</td> <td>a</td> <td>b</td> <td>c</td> </tr> <tr> <td>Never</td> <td>a</td> <td>b</td> <td>c</td> </tr> </table>		Always	a	b	c	Sometimes	a	b	c	Never	a	b	c
Always	a	b	c										
Sometimes	a	b	c										
Never	a	b	c										
19. Is there always someone in the dive party who is able to use and administer the glucose tablets and intramuscular injection of glucagon, should this be required	Yes No												
20. What do you carry in the form of glucose underwater - please define (eg. Mars Bar, Hypostop)													
21. Do you know how to use glucose paste underwater	Yes No												
21a If yes when did you last practice	In the last 6 months 6 to 12 months ago More than 12 months ago												
21b If you have practiced using glucose paste underwater, how successful was the exercise	Successful Not successful												
22. Have you or your buddy experienced any problems of any nature during the course of the diving in the last 12 months? If yes please give us details on page 5	Yes No												
23. Do you consider that your diabetes has had any adverse effect on you or your buddy's diving during the last 12 months? If yes please give details on page 5	Yes No												
24. Do you dive with the same buddy all the time	Yes No												
25. How well informed is your buddy (regular or otherwise) about your condition	Very well Adequately Not well												
26. How well informed is your club about your condition	Very well Adequately Not well												
26a. When did you last give a lecture to your club on diabetes	In the last 6 months 6 to 12 months ago More than 12 months ago												

Section B. To be completed by the Physician-in-charge

LONG-TERM DIABETIC CONTROL - *Please circle or tick each answer as appropriate*

1. What is the diabetic's medication regime	
2. When was the medication last changed	In the last 6 months 6 to 12 months ago More than 12 months ago

3. Have any episodes of hypoglycaemia occurred in the last year and in what circumstances did these occur? If yes please indicate when, and tell us about it on page 5	Yes No In the last 6 months 6 to 12 months ago
4. Has the diabetic been hospitalized within the last year for any condition relating to diabetes? If yes please indicate the date and tell us about it on a separate piece of paper	Yes No In the last 6 months 6 to 12 months ago
5. What is the current %HbA _{1c} or fructosmine level and please give the normal range for your readings. 5a. When was the test performed	% Normal % In the last 6 months 6 to 12 months ago More than 12 months ago
6. Is microalbuminuria present 6a. When was the test performed.	Yes No In the last 6 months 6 to 12 months ago More than 12 months ago
7. What degree of retinopathy is present 7a. When was this last checked 7b. Has this person ever had laser treatment to the eyes	None Mild background Proliferative In the last 6 months 6 to 12 months ago More than 12 months ago Yes No
8. Is any degree of sensory or autonomic neuropathy present (a check for the latter may be made by looking for R-R variation in the ECG as a Valsalva manoeuvre is performed; if there is no variation then a degree of autonomic neuropathy may be present. 8a. When was this last checked	Yes No In the last 6 months 6 to 12 months ago More than 12 months ago
9. Is any degree of coronary, vascular or microvascular disease present	Yes No
10. Do you consider this person's level of diabetic control to be satisfactory	Yes No
11. Do you consider that this person is mentally and physically fit to undertake a sport that involves a degree of stress and exertion	Yes No

NOTES TO THE PHYSICIAN-IN-CHARGE

Question 6 "Is microalbuminuria present?" "When was the test performed?" It is recommended this test be performed or the application may be rejected. References given on page 5 illustrate the cost-effectiveness of this screening test.

Question 9 "Is any degree of coronary, vascular or microvascular disease present?" If possible an exercise ECG is recommended for diabetic divers over the age of 50.

PLEASE BE KIND ENOUGH TO COMPLETE PAGE 5 – THANK YOU
Your cooperation in completing this form is greatly appreciated by the
UK Sport Diving Medical Committee

Please ensure you obtain all the required signatures – Thank you

Signature of the physician in charge

Name (print)

Date

Hospital/practice stamp

Signature of the medical referee

Name (print)

Date

The diabetics signature

Name (print)

Signature of Branch DO

Name (print)

References

1. Viberti GC, Jarrett RJ, & Mahmud U, "Microalbuminuria as a predictor of clinical nephropathy in insulin-dependent diabetes mellitus", *Lancet* **1(1982)1430-2**
2. Mogensen CE, "Microalbuminuria predicts clinical proteinuria and early mortality in maturity onset diabetes", *N. Eng. J. Med* **310(1984)356-60**
3. Jarrett RJ, Viberti GC, Argyropoulos A, et al. "Microalbuminuria predicts mortality in non insulin-dependent diabetics", *Diabetic Med* **1(1984)17-19**
4. Microalbuminuria Collaborative Study Group "Risk factors for the development of microalbuminuria in insulin dependent diabetic patients: a cohort study", *Brit. Med. J.* **306(1993)1235-9**
5. Bakris GL, "Microalbuminuria: what is it? Why is it important? What should be done about it?" *J. Clin. Hypertension* **3(2001)99-102**

INSTRUCTIONS TO THE DIABETIC DIVER

Please also complete the general health diving questionnaire (UK Sport Diver Medical Form) attached to this questionnaire – you complete section A and your Dr completes section B.

1. Please allow adequate time before you require your medical certification renewal for signatures to be obtained and for Dr. Edge to reply to you.
2. Answer all the questions in section A to the best of your ability by writing answers clearly or circling or ticking the appropriate responses.
3. Take this whole form to your physician in charge for him/her to complete and sign section B.
4. Obtain the signatures of your diving medical referee (see point 6) and also your Branch DO (if you dive in a club in which the Diving Officer is responsible for the diving undertaken).
5. Send the whole form back to Dr Chris Edge, The Stone Barn, Gravel Lane, Drayton, Nr Abingdon, Oxon. OX14 4HY, United Kingdom..
6. If you have any queries, then **either** telephone your nearest diving medical referee (telephone BSAC HQ on 0151 350 6200 for a list or point your web browser at www.bsac.org and follow the hyperlinks) **or** contact Dr. Chris. Edge on tel. 01235 529888, fax 08700 525414, email cjedge@diver.demon.co.uk.

In due course Dr Edge or Dr Bryson will send you **section C** that you should then give to your Branch diving officer. This becomes part of your Certificate of Fitness to Dive.

SPACE FOR FURTHER DETAIL AS REQUIRED

