

VIKING DIVING SERVICES

Diver Physical Examination Form

Date of Examination		Date of Birth		Sex
Last Name		First Name MI		
Height	Weight	BP (R)	BP (L)	Pulse Temp
General Appearance/Hygiene		Nutrition	Build: <input type="checkbox"/> Muscular <input type="checkbox"/> Slender <input type="checkbox"/> Obese	
Distant Vision: Snellen		Corrected:		
R. 20/		R. 20/		
L. 20/		L. 20/		
Near Vision: Jager		Corrected:		
R. 20/ %		R. 20/ %		
L. 20/ %		L. 20/ %		
Color Vision (test & result)		Field of vision		Contacts: (Y/N)
		R. %	L. %	
Normal	Check abnormal Items	Remarks		
	Head, face & Scalp			
	Heck			
	Eyes			
	Fundus			
	Ears – General (Int & Ext Canal)			
	Eustachian Tube function			
	Drum Perforation			
	Nose (Septal alignment)			
	Sinuses			
	Mouth & Throat			
	Lungs & Chest			
	Heart (Thrust, size, Rhythm, Sounds)			
	Pulses (Equality, etc)			
	Vascular System (Varicosities, etc)			
	Abdomen & visceras			
	Hernia (All types)			
	Endocrine System			
	G-U System			
	Upper extremities (Strength, ROM)			
	Lower extremities (except feet)			
	Feet			
	Spine			
	Skin, Lymphatic			
	Anus & Rectum			
	Sphincter Tone			
	Pelvic Exam			

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Neurological Examination Sensorial _____ Cranial Nerves:												
I Olfactory II Optic III Oculomotor IV Trochlea V Trigeminal VI Abducent	VII Facial VIII Auditory IX Glossopharyngeal X Vagus XI Spinal Accessory XII Hypoglossal											
Reflexes: Deep Tendon (Gradation of 4) Triceps: _____ Biceps: _____ Patella: _____ Achilles _____	Pathological Left Right Babinski _____ Hoffman _____ Ankle Clon _____	Superficial Upper Abd _____ Lower Abd _____ Cremasteric _____										
Cerebellar Functions <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>Ataxia _____</td> <td>_____</td> </tr> <tr> <td>Tremor (Intention) _____</td> <td>_____</td> </tr> <tr> <td>Finger to Nose _____</td> <td>_____</td> </tr> <tr> <td>Hell to Shin _____</td> <td>_____</td> </tr> </table>	YES	NO	Ataxia _____	_____	Tremor (Intention) _____	_____	Finger to Nose _____	_____	Hell to Shin _____	_____	Power & Tone of Muscles Right Upper Extremity _____ Left Upper Extremity _____ Right Lower Extremity _____ Left Lower Extremity _____	
YES	NO											
Ataxia _____	_____											
Tremor (Intention) _____	_____											
Finger to Nose _____	_____											
Hell to Shin _____	_____											
Propioception – Stereognosis <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Right</td> <td style="text-align: center;">Left</td> </tr> <tr> <td>Joint Position Sense _____</td> <td>_____</td> </tr> <tr> <td>Astereognosis _____</td> <td>_____</td> </tr> <tr> <td>Vibratory Sensations _____</td> <td>_____</td> </tr> </table>	Right	Left	Joint Position Sense _____	_____	Astereognosis _____	_____	Vibratory Sensations _____	_____	Romberg Sign _____	Unterburger (if performed) Degrees 10 sec _____ 20 sec _____ 30 sec _____ Direction R L		
Right	Left											
Joint Position Sense _____	_____											
Astereognosis _____	_____											
Vibratory Sensations _____	_____											
Nystagmus <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>End point _____</td> <td>_____</td> </tr> <tr> <td>Pathological _____</td> <td>_____</td> </tr> </table>	Yes	No	End point _____	_____	Pathological _____	_____	Sensations Hot _____ Sharp _____ 2 Point discrimination NL _____ ABN _____					
Yes	No											
End point _____	_____											
Pathological _____	_____											

