

Checklist for Medical Packet

- _____ Schedule your physical. Make sure you tell your doctor's office about all of the tests that are required so that they can schedule adequate time for your appointment. Remember, test dates must be since July 23, 2007 for all but the chest x-ray, which must be since July 23, 2004.
- _____ Complete the *Diving Medical Questionnaire & Health History* and **sign it**.
- _____ Read the page on *Dive Accident Insurance*.
- _____ Apply for Dive Accident Insurance if you do not already have sufficient coverage for hyperbaric treatment and emergency evacuation.
- _____ Make a copy of your Dive Accident Insurance card.
- _____ Have your doctor **review and sign** the *Medical Questionnaire* you completed earlier.
- _____ Have your doctor examine you then complete the *Physician's Report of Diving Medical Examination*. Be certain your physician **checks** one of the boxes **for Approved/Disapproved**.
- _____ Have your doctor **sign** the *Physician's Report of Diving Medical Examination*.
- _____ **Sign** the *Physician's Report of Diving Medical Examination*.
- _____ **Make sure that both you and your physician have signed both medical forms!!**
- _____ Complete the *Emergency Medical Information* form.

Email completed forms to: franklin@gulfmex.org

Or mail to:

Franklin Viola
DUOY 2008
4702 Bland St
Seabrook, TX 77586

Additional Information for Medical Packet

Medical Physical

- Be sure to give your physician all of the information pages that go with the forms. These contain important information about contra-indications for diving.
- Be sure to complete ALL questions on the medical forms.
- If a section of the *Diving Medical Questionnaire & Health History* form does not apply to you DO NOT LEAVE IT BLANK, simply mark it N/A (Not Applicable).
- On number 9 of the *Diving Medical Questionnaire & Health History* you must check either YES or NO for each item.
- All tests on the *Physician's Report of Diving Medical Examination* are required!
- The chest x-ray must have occurred since July 12, 2003.

- All other tests must have occurred since July 12, 2006.
- **INCOMPLETE PAPERWORK WILL BE RETURNED TO YOU.**
- Results of all physicals are confidential—access will be allowed on a need to know basis.

Proof of Insurance - submit ONE of the following:

- Photocopy of insurance, including all appropriate ID numbers, that covers air evacuation from the boat & decompression chamber treatment, if necessary; OR
- Photocopy of your Diver Alert Network card (your membership number and expiration date must be readable); OR
- Paper showing your name, your Diver Alert Network membership number, and the membership expiration date. Don't forget your name on that piece of paper or we won't know who it belongs to!!

Emergency Medical Information Form

- Be sure to complete ALL questions on the form.
- If a section of the *Emergency Medical Information* form does not apply to you DO NOT LEAVE IT BLANK, simply mark it N/A (Not Applicable).
- Please write legibly.
- This information is confidential—access will be allowed on a need-to-know basis.