

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 _____	_____											

