

# U.S. NAVY DIVING MEDICAL ADMINISTRATION



**Naval Diving and Salvage Training Center  
Panama City, FL**

## **Points of Contact and Information**

**NDSTC Medical Department**

**(850) 235-5215    DSN 436-5215                      Fax 5993**

**NDSTC Home Page**

**<http://wwwnt.cnet.navy.mil/ndstc/>**

**Medical Requirements (EXHIBIT 8)**

**<http://wwwnt.cnet.navy.mil/ndstc/downloads/Medical%20Screening%20Questionnaire.doc>**

**Navy Dive Manual (contents, ordering, download)**

**[http://www.supsalv.org/00c3\\_publications.asp?destPage=00c3&pageId=3.9](http://www.supsalv.org/00c3_publications.asp?destPage=00c3&pageId=3.9)**

**BUMED M3F7 (Bureau of Medicine and Surgery)**

**(202) 762-3444 DSN 762-3442 FAX 0931**

**BUMED Home Page (BUMED Pubs and Instructions):**

**<http://navalmedicine.med.navy.mil/>**

**Bureau of Navy Personnel (PERS 401D)**

**DIVING / SEAL / EOD**

**Branch Head        (901) 874-3569 DSN 882-3569**

**Rating Assignments Officer (901) 874-3560 DSN 882-3560**

**Bureau of Naval Personnel Home Page:**

**<http://www.bupers.navy.mil>**

## **Helpful notes and guidelines concerning the Documentation of the US Navy Diving Physical**

1. With each successive dive class that arrives at NDSTC, there are always a few Diving Physicals that are incorrectly done, or worse, not done at all. All medical discrepancies are tracked by the Center of EOD and Diving (CEODD) for statistical purposes, i.e.; what command's are not paying attention to detail resulting in loss of training days. Common discrepancies include:

- a. Diving Physical not within one year of initial Diver Training.
- b. Required lab work not performed or recorded on the exam.
- c. Failure to obtain vision, hearing, or age waivers.
- d. Not properly ascertaining whether a condition is disqualifying or not, yet marking it "NCD" (not considered disqualifying) or "CD (considered disqualifying) – waiver approved".
- e. Patient answering "yes" to a question on the Exhibit 8 and not addressing it on page 2 under the comments section. All "Yes" answers must be fully explained by Medical Officer or DMO.
- f. Failure to elaborate and fully explain any items marked "ABN" (abnormal) on the 2808. ie; #24, Pupils marked ABN without an explanation as to why.
- g. Non completion of one year aftercare for alcohol incidents.

**2. A complete neurological exam must be documented on each Diving Physical.**

This serves as a useful baseline to rule out DCS Type II if the person is being evaluated post dive. Additionally, divers health conditions change for a variety of reasons. An up to date physical will document neurological baseline changes.

**NOTE:** There is no such thing as a diving physical without a documented neurological exam.

**NOTE:** As per BUMED Note 6470, 17 March, 2004, all Diving Duty Physicals will be recorded on the DD 2808 and DD 2807-1. These forms are available for download at <http://www.dior.whs.mil/forms/>

3. If the person is an initial candidate for Dive Training, or is going to NDSTC for further Diver Training, the MILPERS 1220-100, Exhibit 8 must be included. The link is provided in the "points of contact" section.

## **NAVY PHYSICAL STANDARDS FOR DIVING DUTY**

1. A Navy Diver must fulfill the general, Navy-wide standards described in the Manual of the Medical Department, Chapter 15, up to Change 118.
2. SCUBA, Fleet Diver, DMT's, and EOD candidates having had PRK / LASIK vision correction are no longer considered disqualifying for Diving Duty. Annotate on the 2808, block 73, as "Hx of PRK / Lasik yymmdd – NCD". Diving candidates must have completed a three month post surgery recovery period prior to entering the diving program.

### **Instructions for completing the Diving Physical Exam**

#### General

1. Obtain all supporting data (see below). Ensure that the original documentation remains in the record. All immunizations should be up to date before the physical is reviewed by the DMO/UMO.
2. Once the supporting documentation has been obtained, the physical exam may be scheduled. A dive physical may be performed by any Navy physician. The DMO must review it for correctness. The DD 2808 and DD 2807-1 forms must be used. Refer to the examples provided herein.
3. After the physical has been completed, it must be reviewed and signed by a DMO or UMO. HMO's may not have final signature authority for a diving physical.

Example: - If a physical is performed in a location where a DMO is not available, the documentation of the physical should be mailed to a DMO for review and final signature.

4. The hyperbaric pressure test and Diver Entry Level PT Tests are not part of the physical exam process. However, it is common practice and expected that the Diving Physical examination be completed prior to administering the Entry Level Diver PT Test and the Pressure Test.
5. Proper supporting documentation required.
  - a. The EKG must be within one year of commencement of diver training.
  - b. Chest x-rays must be within one year of commencement of diver training.
  - c. Blood work must be completed within 30 days of the date on the physical. It will include CBC, UA, syphilis serology (RPR), Lipid panel (Cholesterol, triglycerides, HDL, LDL), HIV, PPD, G6PD, Sickle Cell, Blood type. Refer to the Exhibit 8 for specifics concerning SEAL/EOD/UCT.

- d. An audiogram must be completed within one year of commencement of diver training.
- e. The dental examination must be within one year of commencement of diver training.
- f. Immunizations against Typhoid, Tetanus, Yellow Fever, Hepatitis A, Flu, PPD, and HIV must be up to date in order to be physically qualified diving duty. HIV results and PPD must be within one year of beginning diver training. G6PD, Blood type, and Sickle Cell may be done any time prior to the physical but must be documented on the DD 2808 and in the record. A PSA is required if over the age 40.
- g. A Visual Acuity Test must be conducted within one year of commencement of diver training. This includes near, distant, refraction (if necessary), field of vision, color vision, and intraocular tension if over the age of 40.

DD Form 2808 see example

Block 1 Date of examination. This should be the date it was signed.

- 2 - Social Security number. 123-45-6789
  - 3 - Last name, first name, middle initial.
  - 4 - Home address.
  - 5 - Home phone number.
  - 6 - Grade. Example: BM1/E-6 or LT/O-3
  - 7 - Date of Birth. 19800916
  - 8 - Age.
  - 9 - Sex.
  - 10 - Racial / Ethnic category.
  - 11 - Total years military service.
  - 12 - Agency. Left blank.
  - 13 - Complete mailing address and UIC of the member's command.
  - 14 - Rating or Specialty. a, b, and c. Left blank.
  - 15a - Marked as appropriate.
  - 15b - Marked as appropriate.
  - 15c - Marked "Other" and add "Diving Duty" below it.
  - 16 - Complete mailing address for medical facility in which the exam was performed.
  - 17 through 42 - Marked as appropriate to exam. Any "abnormal" marks must be commented on in block 44.
  - 22 - Comment on TM's and valsalva. *Example:* TM's intact with normal bilateral valsalva.
  - 37 - Will be checked abnormal for tattoos, circumcision, and scars, both surgical and traumatic. A brief description of any tattoos is required.
  - 39 - A complete neurological exam is required for diving physicals to document a baseline.
- See enclosure.
- 41 - Females only
  - 43 - Should be filled out by a Dentist or transcribed by a Medical Officer.
  - 44 - Neurological exam (stick man, CN nerves, mental, motor, coordination, strength)

- 45 - Specific gravity - *Example:* 1.020
  - a. Albumin - *Example:* Negative
  - b. Sugar - *Example:* negative
- 46 - Leave blank.
- 47 - Mandatory field. Enter results.
- 48 - Blood type and RH factor. *Example:* O Positive.
- 49 - HIV draw date and results.
- 50 - Leave blank.
- 51 - Leave blank.
- 52 - Date and results of last test.
- 53 - Height without shoes in inches.
- 54 - Weight in pounds.
- 55 - Min/max weight allowed for height. Max allowed BF%.
- 56 - Temperature in Farenheight.
- 57 - Sitting pulse.
- 58a - Sitting blood pressure. HTN is Considered Disqualifying.
- 59 - Leave blank.
- 60 - Leave blank.
- 61 - results of visual acuity testing
- 62 - transcribed from refraction results if patient wears corrective lenses.
- 63 - transcribed from ophthalmology exam if indicated.
- 64 - Leave blank.
- 65 - Leave blank.
- 66 - PIP or FALANT testing results. Marked "Pass" or "Fail".
- 67 - Leave blank.
- 68 - Marked "Full OU".
- 69 - Leave blank.
- 70 - Only completed if candidate is over the age of 40: Both eyes.
- 71 - Transcribed from current audiogram. Ensure that the make, model, serial number of the instrument, calibration date, and date of exam is included.
- 72 - Leave blank.
- 73 - Place additional data here. CBC results, Lipid Panel, Chest X-ray, EKG, G6PD, Sickle Cell, PPD and any other information that is pertinent to the exam.
- 74 - IMPORTANT. See enclosure. If not done correctly an addendum will need to be done.
- 75 - If patient is found not physically qualified "NPQ", he/she must sign and date the form upon being informed.
- 76 - Filled out if a disqualifying condition is found.
- 77 - Any abnormal item needs to be listed here with the statement NCD (not considered disqualifying) or, CD (considered disqualifying). *Example:* Low RBC's - CD
- 78 - Fill out as appropriate or mark "None". *Example:* Monthly TSE
- 79 - Leave blank.
- 80 - Leave blank.
- 81 - Must be filled out by the physician conducting the exam.
- 82 - If another physician assisting in the exam not listed in block 81, will fill out this block.

83 - Filled out by the examining dentist. May be transcribed by the physician, “dentist” or “physician” must be circled.

84 - Filled out by the reviewing DMO/UMO.

85 - Filled out by the person preparing the DD 2808.

86 - Waiver information: Waivers are requested by the patient’s command, not NDSTC.

See enclosure.

87 - Leave blank.

DD Form 2807-1 *See example*

Block 1 - Last name, first name, middle initial

2 - Social Security number. 123-45-6789

3 - Date that the patient fills out this form.

4 - Home address, home phone number.

5 - Complete mailing address for medical facility conducting the exam.

6a - Marked as appropriate.

6b - Marked as appropriate.

6c - Marked “Other” and add “Diving Duty” below it.

7 - Grade. Example: BM1/E-6 or LT/O-3

8 - List all current medications.

9 - List any/all allergies.

10 through 28 - Marked as appropriate by the patient.

29 - Any “yes” answers in previous blocks require an explanation by the examinee.

Surgeries should include the date, age, facility where the surgery was performed, name of the procedure, name of doctor performing the procedure (if possible). See enclosure

30a - All abnormalities are identified and any block marked “yes” must be addressed by the physician and marked “NCD” (Not Considered Disqualifying) or “CD” (Considered Disqualifying).

30b - Typed or printed name of physician.

30c – Signature of physician.

30d –Date signed.

## NAVMED FORM 6150/2 SPECIAL DUTY MEDICAL ABSTRACT

1. The 6150/2, Special Duty Medical Abstract, is used to document a person's physical qualifications for various types of special duties. In the case of diving, a DMO/UMO will document qualification on this form.

a. Examples of Special duty -

- (1) Diving Duty
- (2) Flight Duty
- (3) Submarine Duty
- (4) Fire Fighting Instructor Duty
- (5) Occupational Exposure to Ionizing Radiation
- (6) High Altitude Pressure Chamber certification

2. If a previously qualified member is found to be permanently or temporarily disqualified, it must also be recorded on this form.

10 Jan 04	PQ Diving Duty	DMO Signature
30 Feb 04	NPQ Diving Duty	(Orthopedic Surgery) DMO Signature
1 Jun 04	PQ Diving Duty	DMO Signature

3. Results of Pressure Tests are recorded on page 2 under the section "Altitude Training, Air Compression, and Oxygen Tolerance".

### Waivers

This will provide guidance and a sample letter for obtaining a waiver.

1. A waiver must be completed, sent, and verbally approved BEFORE sending anyone to NDSTC. In the interim, to expedite the process, an E-Mail may be sent with all the pertinent facts contained within.

2. If a diving applicant has a medical or physical condition that is disqualifying from diving duty but is not an absolute contraindication, then a formal waiver of the physical standards for diving duty must be obtained before the initiation of dive training.

3. A waiver package is generated at the patients command level. It will consist of the following:

- a. A standard waiver request letter (example to follow)
- b. Relevant medical data from the Health Record
- c. A copy of the most recent diving physical exam
- d. The examining physician's impression (SF 600)

4. The waiver process involves two steps:

a. An initial recommendation from the Director, Undersea Medicine and Radiation Health (BUMED Code-M3F7, e-mail address is: lsgarsha@us.med.navy.mil

b. A final decision from BUPERS Code 401D. Generally, a positive recommendation at the MED-M3F7 level is sufficient to allow the dive applicant to begin training.

*NOTES:*

- Common pitfalls: Failure to obtain waivers for not meeting vision, age, hearing or inability to obtain a pressure test.

- When in doubt, request a waiver.

- Further information concerning waivers may be found in the NAVMED, P-117, and article 15-74. BUMED's (MED-M3F7) telephone number is (202) 762-3442, or wgwals@us.med.navy.mil



# SAMPLE WAIVER REQUEST LETTER

**6000**  
Ser 001  
Nov 03

From: Commanding Officer, *Command requesting waiver*  
To: Chief, Bureau of Naval Personnel (BUPERS 401D)  
Via: Chief, Bureau of Medicine and Surgery (M3F7), 2300 E. Street, N.W.,  
Washington, D.C. 20372-5300

Subj: RECCOMENDATION FOR WAIVER OF PHYSICAL STANDARDS FOR DIVING  
DUTY ICO *DIVER CANDIDATE RANK, NAME, and SSN* USN, 123-45-6789

Ref: (a) NAVMED P-117, Manual of the Medical Department, Chapter 15, Article 15-66  
(change 118)

Encl: (1) DD 2808 Report of Medical Examination  
(2) DD 2807-1 Report of Medical History  
(3) SF 600 note with your interpretation of condition  
(4) Any supporting documentation (i.e., echocardiogram, audiograms, consults, etc.)

1. Per reference (a), *DIVER CANDIDATE RANK, NAME, and SSN* is not qualified for initial acceptance for diving duty because of *state problem* not being within acceptable standards.

2. Other than stated problem, *DIVER CANDIDATE RANK, NAME, and SSN* is currently in excellent physical condition and a recent exam has disclosed no other abnormalities. He has no other medical problems that might disqualify him from diving or hyperbaric exposure. He completes rigorous physical training without difficulty. A waiver of physical standards for dive training and diving duty is strongly recommended. Enclosures (1) through (4) are included for your review.

3. POC for this matter is *LCDR Doc T. Doctor at phone and/or E-Mail*

*I. B. Inkomand*  
Commanding Officer

**SPECIAL SF-600**

**23 SEP 2004**

RECCOMENDATION FOR WAIVER OF PHYSICAL STANDARDS FROM DIVING DUTY  
ICO *DIVER CANDIDATE RANK, NAME and SSN*

*Candidate* was found to be physically not qualified for initial diving duty for the reason listed below:

1. NAVMED P-117, Manual of the Medical Department, Chapter 15, Article 15-66 (change 118) hearing not being within acceptable standards.

*Candidate* is a 00 y/o male who is currently working at *present occupation* who desires to go to *Diving Program name*. However, he was unable to pass (*i.e.*) *the audiometric testing* during his diving physical. A review of his Health Record shows no other active medical issues. He is a highly motivated sailor who desires to attend *Diving Program name* for personal and career advancement.

Impression:

1. NPQ Diving Duty secondary to hearing deficit.
2. A waiver of physical standards is recommended.

*Doc T. Doctor, MD*  
*LCDR MC USNR UMO*

# **MISCELLANEOUS IMPORTANT INSTRUCTIONS**

## **OPNAVINST 3150.27A**

Navy Diving Program

## **SECNAVINST 12000.20B**

Civilian Diving in the Navy

## **BUMEDINST 6110.11**

Civilian Divers

## **BUMEDINST 6200.15**

Suspension of Diving Duty during Pregnancy

## **BUMEDINST 6320.38B**

Clinical Use of Navy Recompression Chambers for Hyperbaric Oxygen Treatment