

MEDICAL-IN-CONFIDENCE (After first entry)

Submarine and Underwater Medicine Unit

Diver Health Questionnaire

• Use only black pen and/or stamps

Health Facility
Service
Unit, ship or section
Corps, category or mustering
Reason for assessment

Number		
Rank		
Family name		
Given name(s)		
Date of birth	Age	Gender

Encl or Folio

Patient to complete

In completing this form consider your entire health history. Have you ever had or are you now suffering from any of the following:

	Yes	No	Unsure	Medical Officer's Comments
1. Eye or vision problems				
2. Prescription glasses or contact lenses				
3. Eye surgery or vision correction (refractive) surgery				
4. Continual sneezing/runny nose/itchy eyes/"hay fever"				
5. Sinusitis				
6. Deafness, hearing problems or ringing noises in ear(s)				
7. Ear infections or discharge from the ear				
8. Problems with ears or sinuses when flying in aircraft				
9. Operation on ears				
10. Loss of balance				
11. Severe motion sickness or seasickness				
12. Severe or frequent headaches				
13. Migraine				
14. Fainting or blackouts				
15. Convulsions, fits or epilepsy				
16. Unconsciousness				
17. Head injury or concussion				
18. Heart disease				
19. Electrocardiogram (ECG) or heart tracing				
20. Palpitations or awareness of your own heart beat				
21. High blood pressure				
22. Rheumatic fever				
23. Pain or discomfort in the chest on exertion				
24. Shortness of breath on exertion				
25. Bronchitis, pneumonia or lung abscess				
26. Coughing up blood or phlegm				
27. Chronic or persistent cough				
28. Tuberculosis (TB)				
29. Pleurisy or severe chest pain				
30. Pneumothorax or collapsed lung				
31. Asthma or wheezing				
32. Need to use a puffer or inhaler				
33. Operation on chest, lungs or heart				
34. Indigestion, peptic ulcer or acid reflux				
35. Vomiting blood or passing red/black bowel motions				
36. Recurrent vomiting or diarrhoea				
37. Any change in bowel habits or blood/mucus in faeces				
38. Jaundice, hepatitis or liver disease				
39. Hernia				

