



First Name

Last Name

By placing my name here, I agree to be responsible for the content of this page.

Diver Medical Statement and Questionnaire

Please read this Medical Statement carefully before completing the Diver Medical Questionnaire. This Medical Statement informs you of some potential risks involved in Freediving/Breath-Hold, Recreational Scuba and Extended Range ("XR") Technical Diving. You must complete and sign the Medical Questionnaire to enroll in and participate in the dive training program. If you are a minor, your parent or guardian must sign the Medical Questionnaire.

Diving is an exciting and demanding activity. When performed cautiously, applying correct techniques, and using proper equipment, diving is relatively safe. When proper diving procedures are not followed the risk of an accident resulting in potentially serious injury, illness and even death increases. To dive comfortably and confidently you need to be reasonably fit and not extremely overweight. Diving can be strenuous even under the best conditions. Your respiratory and circulatory systems must be in good health. All your body's air spaces must be normal and healthy. A person with severe coronary disease, epilepsy, a current cold or congestion, or other medical contraindications should not dive. Do NOT dive if under the influence of alcohol, marijuana (or any substance containing THC), amphetamines, cocaine, methamphetamines, opioids of any type (oxycodone, sufentanil, heroin, fentanyl), hallucinogens (LSD, psilocybin mushrooms), flunitrazepam (roofies), GHB (ecstasy) or Ketamine. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your physician before participating in this program. If your future medical condition changes such that you would answer "YES" to any of the medical questions in the future, then you should consult your physician before diving. You are responsible for maintaining appropriate health and fitness to dive.

During dive training you will learn important rules and techniques regarding breathing and equalization while diving. It is essential you follow those rules and techniques for your well-being. Improper dive technique, improper use of dive equipment and improper breathing may cause serious injury or death. You must be thoroughly instructed in how to dive under the direct supervision of a qualified instructor before attempting to dive in the absence of an instructor.

If you have any questions regarding this Medical Statement or the Medical Questionnaire, review them with your instructor and physician before signing. If at any time during your dive training, you do not feel well or your medical condition has changed since you completed the Medical Questionnaire, then you should inform your instructor and refrain from diving.

Many divers have common conditions that benefit from specialized equipment such as masks with corrective lenses for those who wear glasses or contacts, and custom fit mouthpieces for those who have dental issues or TMJ (temporomandibular joint) issues. Ask your instructor if you think you would be more comfortable diving with these types of specialized dive equipment.

Many private and corporate personal medical policies, and even international travel insurance policies, consider diving a hazardous recreational activity, and will not provide coverage or reimburse hyperbaric chamber, outpatient expenses, or emergency transportation related to injuries while diving. These treatments can be expensive and time-consuming, and often have large out-of-pocket deductibles, co-pays, or no coverage at all. For this reason, SSI strongly recommends purchasing an additional insurance plan that specifically covers diving-related emergencies, emergency transport, and medical treatments. These policies are available through a variety of third-party providers, and should be obtained prior to any in-water training or travel related to diving.

Emergency Contact

Name

Cell Phone

Relationship

Email



First Name

Last Name

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Diver Medical Questionnaire

The purpose of this Medical Questionnaire is to determine if you should be examined by and consult with your physician before participating in Freediving/Breath-Hold, Recreational Scuba and/or Extended Range ("XR") Technical Dive training. A positive ("YES") response to a question does not necessarily disqualify you from diving. A "YES" response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to participating in diving activities.

Please answer the questions below by writing in the word "YES" or "NO". If you are not sure, answer "YES". If any of these conditions apply to you, we request that you consult with a physician prior to participating in dive training. You must download the Guidelines for Recreational Scuba Diver's Physical Examination, the Medical Statement, this Medical Questionnaire and a Physician's Approval to Dive form to take to a physician. After you have consulted with a physician and the physician has completed and signed the Physician's Approval to Dive form, then provide the completed Dive Medical Questionnaire and Physician's Approval to Dive form to your instructor.

Could you be pregnant, or are you attempting to become pregnant?

Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)

Are you over 45 years of age and can answer yes to one or more of the following? (circle those that apply)

- currently smoke a pipe, cigars, or cigarettes
- have a high cholesterol level
- have a family history of heart attacks or strokes
- are currently receiving medical care
- high blood pressure
- diabetes mellitus, even if controlled by diet alone

Have You Ever Had or Do You Currently Have Any Of The Following?

Asthma, or wheezing with breathing, or wheezing with exercise?

Frequent or severe attacks of hay fever or allergy?

Frequent colds, sinusitis or bronchitis?

Any form of lung disease?

Pneumothorax (collapsed lung)?

Other chest disease or chest surgery?

Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?

Epilepsy, seizures, convulsions or take medications to prevent them?

Recurring migraine headaches or take medications to prevent them?

Blackouts or fainting (full/partial loss of consciousness)?

Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Dysentery or dehydration requiring medical intervention?

Any dive accidents or decompression sickness?

Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

Head injury with loss of consciousness in the past five years?

Recurrent back problems, back or spinal surgery?

Diabetes?

Back, arm or leg problems following surgery, injury or fracture?

High blood pressure or take medication to control blood pressure?

Heart disease?

Heart attack?

Angina, heart surgery or blood vessel surgery?

Sinus surgery?

Ear disease or surgery, hearing loss or problems with balance?

Recurrent ear problems?

Bleeding or other blood disorders?

Hernia?

Ulcers or ulcer surgery?

A colostomy or ileostomy?

Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I understand and agree that failure to disclose any existing or past medical condition may result in serious injury or death and I expressly assume any and all risks for any omissions I have made in disclosing an existing or past medical condition.

Participant's Name (Print)

Participant's Signature

Date (DD/MM/YY)

Print Name of Parent/Guardian (When Applicable)

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)



Physician's Approval To Dive

This person is applying for training or is presently certified to engage in freediving/breath-hold and/or scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for freediving/breath-hold and/or scuba diving is requested. There are Guidelines for Recreational Scuba Diver's Physical Examination attached for your information and reference.

Student Information

Student must complete Student Information and Personal Physician sections. Please print legibly.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Date of Birth (DD/MM/YY)
<input type="text"/>		
Mailing Address		
<input type="text"/>	<input type="text"/>	
Email Address	Phone	

Name and address of your Personal Physician

<input type="text"/>	<input type="text"/>	
Physician	Clinic/Hospital	
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of last physical examination (DD/MM/YY)	Name of examiner	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinic/Hospital	Address	Email

Were you ever required to have a physical for diving? Circle one Yes No If yes, when? _____

Physician

Physician's Impression

☐ I find no medical conditions that I consider incompatible with diving. ☐ I am unable to recommend this individual for diving.

<input type="text"/>	
Remarks	
<input type="text"/>	<input type="text"/>
Physician's Signature or Legal Representative of Medical Practitioner	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>
Physician's Name or Stamp	Clinic/Hospital
<input type="text"/>	
Address	
<input type="text"/>	<input type="text"/>
Phone	Email

GUIDELINES FOR RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION

Instructions to the Physician:

Recreational scuba (self contained underwater breathing apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The Recreational Scuba Diver's Physical Examination focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include, as a minimum, the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk. For the purposes of this document, Severe Risk implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. Relative Risk refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are temporary in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone (919) 684-2948 during normal business hours. For emergency calls, 24 hours, 7 days a week, call (919) 684-8111 or (919) 684-4DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61-8-8212-9242, DAN Japan +81-33590-6501 and DAN Southern Africa +27-11-242-0380. There are also a number of informative websites offering similar advice.

NEUROLOGICAL

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to distinguish from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

Relative Risk Conditions:

- Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations
- History of Head Injury with sequelae other than seizure
- Herniated Nucleus Pulposus
- Peripheral Neuropathy
- Multiple Sclerosis
- Trigeminal Neuralgia
- History of spinal cord or brain injury

Temporary Risk Conditions:

- History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.

Severe Risk Conditions: Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:

- History of seizures other than childhood febrile seizures
- History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)
- History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits

CARDIOVASCULAR SYSTEMS

Relative Risk Conditions: The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is 13 METS.* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

* METS is a term used to describe the metabolic cost. The MET at rest times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)

Relative Risk Conditions:

- History of Coronary Artery Bypass Grafting (CABG)
- Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)
- History of Myocardial Infarction
- Congestive Heart Failure
- Hypertension
- History of dysrhythmias requiring medication for suppression
- Valvular Regurgitation
- Pacemakers — The pathologic process that necessitated should be addressed regarding the diver's fitness to dive.

In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

** NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.*

Severe Risks: Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

PULMONARY

Any process or lesion that impedes airflow from the lung places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

Relative Risk Conditions:

- History of Asthma or Reactive Airway Disease (RAD)*
- History of Exercise Induced Bronchospasm (EIB)*
- History of solid, cystic or cavitating lesion*
- Pneumothorax secondary to:
 - » Thoracic Surgery
 - » Trauma or Pleural Penetration*
 - » Previous Overinflation Injury*
- Obesity
- History of Immersion Pulmonary Edema Restrictive Disease*
- Interstitial lung disease: May increase the risk of pneumothorax
- * Spirometry should be normal before and after exercise

Severe Risk Conditions:

- History of spontaneous pneumothorax: Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- Impaired exercise performance due to respiratory disease.
- Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

GASTROINTESTINAL

Temporary Risk:

As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

Temporary Risk Conditions:

- Peptic Ulcer Disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.

Relative Risk Conditions:

- Inflammatory Bowel Disease
- Functional Bowel Disorders

Severe Risks:

- Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems.
- Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis.
- Emesis underwater may lead to drowning.

Severe Risk Conditions:

- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal Hernia

ORTHOPEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

Relative Risk Conditions:

- Amputation
- Scoliosis must also assess impact on respiratory function and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical cause of decompression may accelerate/escalate the progression).

Temporary Risk Conditions:

- Back pain

HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

Relative Risk Conditions:

- Sickle cell trait
- Polycythemia Vera
- Leukemia
- Hemophilia/Impaired Coagulation

METABOLIC AND ENDOCRINOLOGICAL

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

Relative Risk Conditions:

- Hormonal excess or deficiency
- Obesity
- Renal insufficiency

Severe Risk Conditions:

- The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemia medications can result in drowning.
- Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues.

Pregnancy: The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated.

- Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

BEHAVIORAL HEALTH

Behavioral: The diver's mental capacity and emotional make-up are important to safe diving. The student diver must have sufficient learning abilities to grasp information presented to him by his instructors, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The student's motivation to learn and his ability to deal with potentially dangerous situations is also crucial to safe scuba diving.

Relative Risk Conditions:

- Developmental delay
- History of drug or alcohol abuse
- History of previous psychotic episodes
- Use of psychotropic medications

Severe Risk Conditions:

- Inappropriate motivation to dive — solely to please spouse, partner or family member, to prove oneself in the face of personal fears
- Inappropriate motivation to dive — solely to please spouse, partner or family member, to prove oneself in the face of personal fears
- Claustrophobia and agoraphobia
- Active psychosis
- History of untreated panic disorder
- Drug or alcohol abuse

OTOLARYNGOLOGICAL

Equalization of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalize pressure or due to marked overpressurization during vigorous or explosive Valsalva maneuvers.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglottic structure must function normally to prevent aspiration. Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

Relative Risk Conditions:

- Recurrent otitis externa
- Significant obstruction of external auditory canal
- History of significant cold injury to pinna
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- History of TM perforation
- History of tympanoplasty
- History of mastoidectomy
- Significant conductive or sensorineural hearing impairment
- Facial nerve paralysis not associated with barotrauma
- Full prosthodontic devices
- History of mid-face fracture
- Unhealed oral surgery sites
- History of head and/or neck therapeutic radiation
- History of temperomandibular joint dysfunction
- History of round window rupture

Severe Risk Conditions:

- Monomeric TM
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- Uncorrected laryngocele
- History of vestibular decompression sickness

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- Undersea and Hyperbaric Medical Society (UHMS) www.UHMS.org
- Divers Alert Network (DAN) United States, 6 West Colony Place, Durham, NC www.DiversAlertNetwork.org
- Divers Alert Network Europe, P.O. Box 64026 Roseto, Italy, telephone non-emergency line: weekdays office hours+39-085-893-0333, emergency line 24 hours: +39-039-605-7858
- Divers Alert Network S.E.A.P., P.O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166
- Divers Emergency Service, Australia, www.rah.sa.gov.au/hyperbaric, telephone 61-8-8212-9242
- South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, www.spums.org.au
- European Underwater and Baromedical Society, www.eubs.org

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