



P.O. Box 5069
Avalon, CA 90704-5069
(310) 510-4020 (Voice)
(310) 510-1364 (FAX)

Applicant's Name: _____

Age: _____ Gender: Male / Female

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

Clearance for Hyperbaric Exposure

Medical History

You must obtain medical clearance prior to participating in hyperbaric exposures, "dry dives," at the Catalina Hyperbaric Chamber. Complete the following history and take it to your "diving doctor." You must bring this form, or an equivalent recent DIVING medical approval, to the chamber with you.

Do you now have, or have you ever had (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Seizure disorder (except febrile in infancy) | <input type="checkbox"/> Recent sprain, fracture, or arthritis |
| <input type="checkbox"/> Recent cardiovascular or neurogenic syncope | <input type="checkbox"/> Meniere's disease |
| <input type="checkbox"/> Obstructive pulmonary disease | <input type="checkbox"/> Thoracic surgery or penetrating chest wound |
| <input type="checkbox"/> Arterial gas embolism | <input type="checkbox"/> Heart disease (myocardial infarction or arrhythmia) |
| <input type="checkbox"/> Pulmonary overexpansion accident | <input type="checkbox"/> Pneumothorax (spontaneous, surgical, or traumatic) |
| <input type="checkbox"/> Pregnancy (currently) | <input type="checkbox"/> Decompression sickness with neurological deficit |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood disorder |
| <input type="checkbox"/> Claustrophobia | (Sickle cell anemia; chronic anemia; 2,3, DPG deficiency) |

To the Physician

I am applying for the opportunity to participate in hyperbaric chamber (air) exposure dives to 60 feet of seawater (fsw) and/or 165 fsw. I understand that this activity will subject me to pressure in the middle ear and sinuses during pressurization and depressureazation of the chamber and request medical clearance to participate in this activity.

Patient's signature: _____

Examination: A recent inspiratory chest X-ray should be reviewed to rule out structural weakness and disease of the applicant's lungs and chest wall. Indications of medical history (above) or evidence (below) disqualify the applicant for dives in the Catalina Hyperbaric Chamber.

Subplural bullae or blebs

Pneumothorax

Air-containing cysts

Atelectasis

Coin lesion

Upper respiratory infection (middle ear and/or sinuses)

Lower respiratory infection

Inability to perform Valsalva (or any auto-inflate maneuver)

Allergic

- I find that this individual is **Cleared for Hyperbaric Exposure**
 I am **Unable to Recommend** this individual for Hyperbaric Exposure

Date: _____ Physician's Signature: _____

Name (print): _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____