



Santa Barbara City College
MARINE TECHNOLOGY DEPARTMENT
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 EMAIL: lough@sbcc.edu or Thielst@sbcc.edu
 Website: www.sbcc.edu/marinediving

For College Use Only
 Date Rec'd _____
 C-Card _____
 Med. Hist. _____
 Waivers _____
 MDT-101 _____
 ACDE Phys. _____
 Email Conf. _____

APPLICATION FOR DIVING/HYPERBARIC EXPOSURE

Semester start date with year: Fall Semester _____

ALL SECTIONS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

PERSONAL

Name _____ Age _____ Date of Birth _____
 Last First Initial Mo. Day Yr.

Street Address _____ City _____ State _____ Zip _____

Phone # () _____ Cell # () _____

E-mail address _____ (write legibly please)

DIVING EXPERIENCE: Attach photocopies of any prior diving certifications to this application

SCUBA QUALIFIED YES NO . If yes, CERTIFYING AGENCY: _____
 CERTIFICATION DATE: _____

(NOTE: BASIC SCUBA DIVING CERTIFICATION IS REQUIRED PRIOR TO APPLICATION BEING FINALIZED.)

My signature below constitutes a release to Santa Barbara City College, as their property, all photos taken by the College in which I may appear. I certify that the information I have furnished on this application form is complete and accurate to the best of my knowledge and belief. False information may be grounds for dismissal. I have read and understand the Contraindications to Diving as outlined in the Medical History section of this application. I understand that certain medical information revealed by me in the Medical History section of this application may require further evaluation by a licensed physician at the sole discretion of Santa Barbara City College before acceptance is finalized. I also hereby agree to adhere to SBCC "Standards of Student Conduct", SBCC campus policies and the rules, regulations and safety procedures outlined by the Marine Technology Dept. I understand that my application is for consideration and does not guarantee acceptance for diving or hyperbaric exposure. Applications with outstanding items are "incomplete" until all items are completed.

The application process includes:

- Completion of this Application for Diving/Hyperbaric Exposure and Medical History section of this form.
- Complete the Santa Barbara City College Application (separate from this application- available at www.sbcc.edu/apply)
- Provide proof of diving certification from a nationally recognized agency.

Once the above steps have been completed and prior to the start of training:

- Register for and attend MDT 101, department orientation and pass swim evaluation, typically scheduled one week prior to semester start date.
(call 805-965-0581 ext. 2426 for info.)
- Agree in writing to College Waiver and Releases for diving (completed at the time of orientation)

Upon acceptance by the Marine Technology Department, this Application for Diving/Hyperbaric Exposure becomes an agreement whereby the following terms and conditions are understood and agreed to by Santa Barbara City College and each party signing this Agreement.

DIVER/TECHNICIAN RESPONSIBILITY – Diving and technician training requires a substantial academic and physical commitment on behalf of the student. Professional conduct and attitude are expected at all times in order to promote a safer training and learning environment for all concerned. The student agrees to attend classes regularly, keep a current address and phone number and diving physical exam on file, and abide by the rules and regulations of the Marine Technology Department and SBCC. It is further understood that failure by the student to **attend classes regularly, or to abide by the rules and regulations of the Department and College, as stated in its catalog, or as otherwise prescribed by the Marine Technology Department or SBCC**, now or in the future, verbally or in written form, may result in immediate suspension or termination from the program or College at the discretion of the Marine Technology Department and/or SBCC.

REQUIRED EQUIPMENT – Full 1/4" or 6.5 mm neoprene wetsuit for California open ocean diving including hood, gloves, booties, face mask, fins, snorkel, adjustable weight belt with weight keepers and soft or coated lead. (Integrated BC's are acceptable for use outside of pool training) SCUBA regulator assembly with submersible pressure gauge, depth gauge, compass and octopus regulator, buoyancy compensator with tank mount, underwater timing device/watch or bottom timer, diving knife and sheath, underwater slate, octopus keeper.

I understand that it is my responsibility to fully complete the application process to be considered for acceptance.

Signature of Applicant **Date**

Signature of Parent if applicant is under 18 years

EMERGENCY CONTACT INFORMATION

Provide full name and current address of two person(s) to contact in the event of an emergency:

Name	Phone No.	Relationship
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Name	Phone No.	Relationship
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MEDICAL HISTORY FORM

MEDICAL HISTORY STATEMENT: I understand that skin, scuba diving, tethered diving, heavy gear diving, recompression chamber diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ear and sinus, are essential prerequisites for my safety and well being. I hereby confirm that to the best of my knowledge my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I have read, reviewed and understand the contraindications to diving attached with this document. I understand that I need to seek unconditional approval for diving from a licensed physician if I or Santa Barbara City College, are uncertain as to my physical fitness for the rigors of diving and hyperbaric exposure.

Write Y (yes) or N (no) next to all of the following, and explain under remarks, any yes answers.

- | | | |
|---|---|---|
| <input type="checkbox"/> Behavioral health problems
<input type="checkbox"/> Claustrophobia
<input type="checkbox"/> Agoraphobia
<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Ear or hearing problem
<input type="checkbox"/> Trouble equalizing pressure
<input type="checkbox"/> Sinus Trouble
<input type="checkbox"/> Severe hay fever
<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Angina
<input type="checkbox"/> Heart Surgery
<input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Bronchitis
<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Respiratory Problems
<input type="checkbox"/> Back Problems
<input type="checkbox"/> Back/spinal surgery
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Ulcers
<input type="checkbox"/> Colostomy
<input type="checkbox"/> Hernia
<input type="checkbox"/> Dizziness or fainting
<input type="checkbox"/> Recent Surgery
<input type="checkbox"/> Hospitalized
<input type="checkbox"/> Pregnant | <input type="checkbox"/> Glasses or contact lenses
<input type="checkbox"/> Dental Plates
<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Serious Injury
<input type="checkbox"/> Over 40 years old
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> HIV positive
<input type="checkbox"/> Regular Medication
<input type="checkbox"/> Drug Allergies
<input type="checkbox"/> Alcohol or Drug Abuse
<input type="checkbox"/> Medically rejected from any activity
<input type="checkbox"/> Any Medical condition not listed
<input type="checkbox"/> Asthma |
|---|---|---|

Remarks: _____

List all medications you are presently taking: _____

I certify that the above information is correct to the best of my knowledge.

SIGNATURE OF PARTICIPANT _____ **DATE:** _____
If at any time during your dive training your medical condition changes, notify your instructor immediately and complete a new Medical History Form for inclusion in your file.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE:** _____
 (if participant is under 18 years of age, and by their signature they, on my behalf release all claims that both they and I have.)

Marine Technology - CONTRAINDICATIONS TO DIVING

This list of relative and absolute contraindications is not all inclusive. Contraindications that are absolute permanently place the diver and his diving partners at increased risk for injury or death. Relative contraindications to scuba may be resolved with time and proper medical intervention or may be intermittent. A bibliography is included to aid in clarifying issues that arise. The Divers Alert Network (DAN) physicians are available for consultation by phone (919) 684-2948 during normal business hours. For diving related emergencies call, DAN at (919) 684-8111 24 hours, 7 days a week.

OTOLARYNGOLOGICAL

Relative Contraindications:

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

Absolute Contraindications:

- History of...
 - stapedectomy
 - ossicular chain surgery
 - inner ear surgery
 - round window rupture
 - vestibular decompression sickness
- Monomeric TM
- Open TM perforation
- Tube myringotomy
- 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

NEUROLOGICAL

Relative Contraindications:

- History of...
 - head injury with sequelae other than seizure
 - spinal cord or brain injury without residual neurologic deficit
 - cerebral gas embolism without residual, pulmonary air trapping has been excluded
- Migraine headaches whose symptoms or severity impair motor or cognitive function
- Herniated nucleus pulposus
- Peripheral neuropathy
- Trigeminal neuralgia
- Cerebral palsy in the absence of seizure activity

Absolute Contraindications:

- History of...
 - seizures other than childhood febrile seizures
 - TIA or CVA
 - spinal cord injury, disease or surgery with residual sequelae
 - Type II (serious and/or central nervous system) decompression sickness with permanent neurologic deficit
- Intracranial tumor or aneurysm

CARDIOVASCULAR

Relative Contraindications:

The suggested minimum criteria for stress testing is 13 METS.

- History of...
 - CABG or PCTA for CAD
 - myocardial infarction
 - dysrhythmia requiring medication for suppression
 - Hypertension
 - Valvular regurgitation
 - Asymptomatic mitral valve prolapse
 - Pacemakers-Note: Pacemakers must be depth certified by the manufacturer to at least 130 feet (40 meters) of sea water.
- Absolute Contraindications:
- Asymmetric septal hypertrophy and valvular stenosis
 - Congestive heart failure

PULMONARY

Asthma (reactive airway disease), COPD cystic or cavitating lung diseases all may lead to air trapping.

Relative Contraindications:

- History of...
 - prior asthma or reactive airway disease (RAD)*
 - exercise/cold induced bronchospasm (EIB)
 - solid, cystic or cavitating lesion
 - Pneumothorax secondary to: thoracic surgery *, trauma or pleural penetration*, previous over inflation injury*
 - Restrictive Disease**
- (*Air Trapping must be excluded)
(**Exercise Testing necessary)

Absolute Contraindications:

- History of spontaneous pneumothorax
- Active RAD (asthma), EIB, COPD or history of the same with abnormal PFS or positive challenge
- Restrictive diseases with exercise impairment

GASTROINTESTINAL

Relative Contraindications:

- Peptic ulcer disease
- Inflammatory bowel disease
- Malabsorption states
- Functional bowel disorders
- Post gastrectomy dumping syndrome
- Paraesophageal or hiatal hernia

Absolute Contraindications:

- High grade gastric outlet obstruction
- Chronic or recurrent small bowel obstruction
- Entero-cutaneous fistulae that do not drain freely
- Esophageal diverticula
- Severe gastroesophageal reflux
- Achalasia
- Unrepaired hernias of the abdominal wall potentially containing bowel

METABOLIC AND ENDOCRINOLOGICAL

Relative Contraindications:

- Hormonal excess or deficiency
- Obesity
- Renal insufficiency

Absolute Contraindications:

- Diabetics on Insulin therapy or oral anti-hypoglycemia medication

PREGNANCY

Absolute Contraindications:

Venous gas emboli formed during decompression may result in fetal malformations. Diving is absolutely contraindicated during any state of pregnancy.

HEMATOLOGICAL

Relative Contraindications:

- Sick cell trait
- Acute anemia

Absolute Contraindications:

- Sick cell disease
- Polycythemia
- Leukemia

ORTHOPEDIC

Relative Contraindications:

- Chronic Back Pain
- Amputation
- Scoliosis - assess impact on pulmonary function
- Aseptic osteonecrosis

BEHAVIORAL HEALTH

Relative Contraindications:

- History of
–drug or alcohol abuse
–previous psychotic episodes
- Developmental delay

Absolute Contraindications:

- History of panic disorder
- Inappropriate motivation for scuba training
- Claustrophobia and agoraphobia
- Active psychosis or while receiving psychotropic medications
- Drug or alcohol abuse

BIBLIOGRAPHY

The Physiology and Medicine of Diving, 4th edition, 1993; Diving and Subaquatic Medicine, 3rd edition 1994; Diving Physiology in Plain English, 2nd edition, 1997

-NOTICE OF PHYSICAL EXAM REQUIREMENTS

All **trainees** who desire to participate in Surface Supplied Ocean Diving are required to complete and submit the **SBCC DIVING PHYSICIAN'S EXAMINATION REPORT FORM** as required by the Association of Commercial Diving Educators for training and subsequent qualification/certification as a Commercial Diver in accordance with ANSI/ACDE-01-2015 Commercial Diver Training Minimum Standard and the Association of Diving Contractors (ADC). Trainees must have a qualified licensed physician's clearance to dive prior to beginning training in surface supplied diving. The examination is valid for one year from the date of completion and is accepted by most employers.

This examination is *not required* for SCUBA diving or non-diving classes, however it is *highly recommended* for SCUBA divers to have a current annual physical examination attesting to their fitness to dive. All divers are required to have a current **MEDICAL HISTORY FORM** on file with the Department (part of the Department Application for Diving and Hyperbaric Exposure) which documents that the participants are free from medical contraindications to diving.

NOTICE OF SUBSTANCE ABUSE POLICY – Santa

Barbara City College and the Marine Technology Department is committed to maintaining a safe, healthy work and training environment and is dedicated to providing a drug and alcohol-free workplace. Safety is of paramount importance to our program. The Marine Technology department's substance abuse and prevention policy incorporates provisions for illicit drug testing. *An industry standard drug screen is a required part of the SBCC DIVING PHYSICIAN'S EXAMINATION REPORT FORM* in accordance with industry protocol.

The goals and objectives of maintaining safety in drug-free work environments are attainable through cooperation at every level and by explicitly and forcefully prohibiting the use, manufacture, distribution, dispensation, and possession of illicit drugs, drug paraphernalia, and alcohol at all our training locations and diving operations under the auspices of the Marine Technology Department.

