

U. S. MILITARY DIVING MEDICAL SCREENING QUESTIONNAIRE
NAVPERS 1200/6 (Rev. 10-2024)

Supporting Directive MILPERSMAN 1220-100

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301 Departmental Regulations and E. O. 9397 (SSN)

PRINCIPAL PURPOSE: Information provided to assist officials and employees of the Navy in management, supervision, and administration of the personnel (officer and enlisted) and the operations of related personal affairs and functions.

ROUTINE USES: Information will be utilized by Department of the Navy officials in verifying qualifications for naval special warfare (NSW) programs.

DISCLOSURE: Voluntary; however, failure to provide this information may result in delay or disapproval of your screening.

NOTE: The U. S. Military Diving Medical Screening Questionnaire must be completed no later than 1 month prior to actual transfer to training and placed in the Service member's medical record. Any waivers must have written approval by Bureau of Medicine and Surgery (BUMED) and included in the Service member's medical record.

DIVING STANDARDS AND WAIVERS: NAVMED P-117 Manual of the Medical Department, chapter 15, article 15-102.

BUMED TELEPHONE NUMBER: COMM (202)762-3444

1. NAME (Last, First, MI)	2. PAYGRADE	3. DOB
4. PRESENT COMMAND	5. BRANCH OF SERVICE	6. DATE

**CONCEALMENT OF MEDICAL HISTORY WILL BE REPORTED TO HIGHER AUTHORITIES
AND MAY RESULT IN PERMANENT DISQUALIFICATION.**

DIVING MEDICAL QUESTIONS:

1. Have you ever been found medically disqualified for a dive physical or any other physical at any time?	<input type="radio"/> YES	<input type="radio"/> NO
2. Since your last physical or in the last 18 months have you been sick, injured, consulted a physician, used medication (including over-the-counter), or been hospitalized for any reason?	<input type="radio"/> YES	<input type="radio"/> NO
3. Have you ever experienced any middle or inner ear dysfunction including inability to equalize middle ear pressure, inner or middle ear surgery, ringing, disequilibrium, or hearing deficit?	<input type="radio"/> YES	<input type="radio"/> NO
4. Is or has your uncorrected vision ever been worse than 20/20 in either eye?	<input type="radio"/> YES	<input type="radio"/> NO
5. Do you have any difficulty distinguishing colors or seeing at night?	<input type="radio"/> YES	<input type="radio"/> NO
6. Have you ever had any corneal surgery or manipulation to correct poor vision?	<input type="radio"/> YES	<input type="radio"/> NO
7. Since age 12, have you had asthma or wheezing at any time?	<input type="radio"/> YES	<input type="radio"/> NO
8. Have you ever had a collapsed lung (pneumothorax), experienced pulmonary barotrauma, had a positive purified protein derivative (PPD) result, or taken isoniazid (INH) in the past 6 months?	<input type="radio"/> YES	<input type="radio"/> NO
9. Do you have any skin condition worsened by tight clothing, moisture, or sun exposure?	<input type="radio"/> YES	<input type="radio"/> NO
10. Do you have any musculoskeletal condition that limits intense exercise, suffered any type of fracture in the last 3 months, or had any bone or joint surgery in the last 6 months?	<input type="radio"/> YES	<input type="radio"/> NO
11. Have you ever been evaluated or treated for any psychiatric problems (including depression, anxiety, personality disorder, etc.)?	<input type="radio"/> YES	<input type="radio"/> NO
12. Have you ever had legal, professional, or personal problems due to alcohol misuse or been diagnosed with alcohol use disorder, or had any level of treatment for alcohol misuse?	<input type="radio"/> YES	<input type="radio"/> NO
13. Have you ever had a migraine or other severe headache?	<input type="radio"/> YES	<input type="radio"/> NO
14. Have you ever had seizures, convulsions, or sustained a head injury resulting in loss of consciousness, loss of memory, concussion, or skull fracture?	<input type="radio"/> YES	<input type="radio"/> NO
15. Have you ever had brain surgery?	<input type="radio"/> YES	<input type="radio"/> NO
16. Do you have any area of altered sensation or strength in your body?	<input type="radio"/> YES	<input type="radio"/> NO
17. Have you ever suffered decompression sickness or arterial gas embolism?	<input type="radio"/> YES	<input type="radio"/> NO
18. Do you suffer from motion sickness or fear of enclosed spaces?	<input type="radio"/> YES	<input type="radio"/> NO

19. PATIENT SIGNATURE	20. DATE
-----------------------	----------

UNDERSEA MEDICAL OFFICER (UMO) SCREENING (to be filled out by UMO or qualified representative)

1. DD 2808 Report of Medical Examination and DD 2807-1 Report of Medical History are complete and correct for dive/jump duty and are within 1 year of transfer to training?	<input type="radio"/> YES	<input type="radio"/> NO
2. Is the physical signed/countersigned by a UMO?	<input type="radio"/> YES	<input type="radio"/> NO
3. Every page of member's health record has been reviewed?	<input type="radio"/> YES	<input type="radio"/> NO
4. Any disqualifying condition has a completed, approved waiver from BUMED (Undersea Medicine and Radiation Health)?	<input type="radio"/> YES	<input type="radio"/> NO
5. Any non-disqualifying condition that might affect dive training is thoroughly documented?	<input type="radio"/> YES	<input type="radio"/> NO

UMO COMMENTS

QUESTION #	COMMENT	CD/NCD?		WAIVER?	
		<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> NO
		<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> NO
		<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> NO
		<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> NO
		<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> NO
		<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> NO
		<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> NO
		<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> NO
		<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> NO

6. SIGNATURE		7. STAMP
8. PHONE NUMBER	9. FAX NUMBER	

RECORD SCREENING (to be filled in by medical department)

1. G6PD Results	2. Sickle Cell Results	3. Blood Type
IMMUNIZATION MUST BE COMPLETED AND CURRENT PRIOR TO TRANSFER	4. Tetanus	5. Typhoid
	6. Yellow Fever	7. HAV
	8. Flu	

9. PPD given with diving medical examination?	<input type="radio"/> YES	<input type="radio"/> NO	10. DATE	11. PPD Converter	<input type="radio"/> YES	<input type="radio"/> NO
---	---------------------------	--------------------------	----------	-------------------	---------------------------	--------------------------

PPD converters must complete INH Tx prior to transfer to diver training. PPD annual questionnaire required for converters.

12. Date of last Dive Physical (DD 2807-1/2808):	13. Dental, must be Class I or II. Last examination date:
14. Pressure Test, date completed:	

15. NAVMED 6150/2 Special Duty Medical Abstract required signature from UMO stating "Physically Qualified for Diving Duty."	Completed	
	<input type="radio"/> YES	<input type="radio"/> NO
16. The following studies are documented on DD 2808: CXR, EKG, audiogram, PPD, visual acuity, depth perception, color vision, CBC, urinalysis, and fasting blood glucose?	<input type="radio"/> YES	<input type="radio"/> NO

17. MEDICAL SCREENER NAME, RANK/RATE, AND TITLE	18. PHONE NUMBER
	19. FAX NUMBER

20. COMMAND'S MAILING ADDRESS
