

DIVER/BUD/S MEDICAL SCREENING QUESTIONNAIRE (Cont'd.)

NAME/RANK:	SSN:	DOB:
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ADDITIONAL DIVING MEDICAL QUESTIONS

MEDICAL RECORD SCREEN (to be filled out by qualified medical representative)	Yes	No
1. SF 88/DD2808, Report of Medical Examination and SF 93/DD2807, Report of Medical History are complete, correct, for Dive/Jump duty/EOD/SWCC and within 1 year of application?		
2. Every page of member's health record has been reviewed?		
3. Any disqualifying condition has a completed, approved waiver from BUMED (Med-21)?		
4. Any non-disqualifying condition that might affect dive training is thoroughly documented?		

IMMUNIZATION MUST BE COMPLETED AND CURRENT PRIOR TO TRANSFER

Tetanus	Date		
Typhoid	Date		
Yellow Fever	Date		
HAV	Date		
Flu	Date		

MEDICAL RECORD SCREENING

Blood Type	results		
G6PD	results		
Sickle cell	results		
HIV	Results/Date		

The following labs/procedures are complete on SF 88/DD 2808:

Chest X-Ray with film number	Yes	NO
Electrocardiogram/EKG with results	Yes	NO
Complete Blood Count	Yes	NO
Urinalysis	Yes	NO
Serology test and date	Yes	NO
Lipid panel/profile	Yes	NO
Distant vision	Yes	NO
Color vision test	Yes	NO
Audiogram	Yes	NO
Member physically qualified for special duty. IE: Diver/EOD/SWCC/BUD/S	Yes	NO
Signed by DMO/UMO/HBO and Dental	Yes	NO

MEDICAL DEPARTMENT REPRESENTATIVE SIGNATURE	
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PHONE NUMBER	FAX NUMBER
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ADDITIONAL DIVING MEDICAL QUESTIONS (Cont'd.)
MEDICAL RECORD SCREEN (to be filled out by qualified medical representative)

PPD given with-in 1 year of transfer. Yes No Date:	PPD Converter YES NO
PPD Converters must complete INH Tx prior to transfer to diver training. PPD annual questionnaire required for converters.	

Date of last Dive Physical (SF 88/93 or DD 2808/2807):		
Dental, must be Class I or II. Last examination date:		
Pressure Test, date completed:		
NAVMED 6150/2, Special Duty Medical Abstract required with signature from DMO/UMO/HMO Physically Qualified for Diving Duty.	Completed	
	YES	NO

Visual Acuity: (must correct to 20/20; if not, waiver required) <input type="checkbox"/> USN Fleet Diver/Basic Diving Officer, USA OOB, EOD: 20/200 or better. Waiver required if greater <input type="checkbox"/> Marine Combat Diver: 20/200 or better <input type="checkbox"/> Diving Medical Officer and SCUBA: + or – 8 Diopters <input type="checkbox"/> SEAL Candidate: 20/40 in best eye, 20/70 in worst eye (Waiverable to 20/70,20/100) (. Waiver must be completed.)

Hearing Standards:	1000 Hz 35 db 2000 Hz 35 db 3000 Hz 35 db 4000 Hz 35 db	If greater, waiver required.
SEAL, EOD, USA OOB, and Underwater Construction Diver require Fasting Blood Sugar and Routine Urine. (Appropriate /corresponding lab chits are in the medical record.)	YES	NO
MEDICAL SCREENER NAME, RANK/RATE, AND TITLE	PHONE NUMBER:	
	FAX NUMBER:	
Command's mailing address		

NOTE: THE DIVER MEDICAL SCREENING QUESTIONNAIRE AND SF 88/93 OR DD 2808/2807 MUST BE COMPLETELY FILLED OUT AND FAXED TO NAVY PERSONNEL COMMAND (NAVPERSCOM) (PERS-401D OR PERS-407CK FOR HM'S). PRIOR TO APPLICATION, WAIVERS MUST HAVE WRITTEN APPROVAL BY BUREAU OF MEDICINE AND SURGERY (BUMED)

TELEPHONE:

DSN 882-3557 COMM (901) 874-3557

FAX:

DSN 882-2716 COMM (901) 874-2716

.NOTE: BUDS Medical contact numbers.

TELEPHONE:

DSN 577-0777 COMM (619) 437-0777

MEDICAL FAX:

DSN 577-5248 COMM (619) 437-5248

PLACE ORIGINAL DIVER MEDICAL SCREENING QUESTIONNAIRE, SF 88/93 OR DD 2808/2807 AND ANY APPROVED WAIVERS IN MEDICAL RECORD.

NAVDIVSALVTRACEN STUDENT SUPPORT OFFICE FAX:

DSN 436- 5242 COMM (850) 235-5242

NAVDIVSALVTRACEN HOME PAGE:

www.npdc.navy.mil/ceneoddive/ndstc/

NAVY SPECIAL WARFARE CENTER BUD/S HOME PAGE:

www.sealchallenge.navy.mil

DIVING STANDARDS:

NAVMED P-117, Manual of the Medical Department, chapter 15, article 15-66, and section III

BUMEDNOTE 6120 of 30 Jul 97 (canc frp: Jul 98):

<http://www.navymedicine.med.navy.mil/instructions/external/6120-7-30-97.pdf>

MEDICAL WAIVER:

NAVMED P-117, article 15-74

BUMED TELEPHONE: COMM (202) 762-4342

