

MEDICAL STATEMENT

Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba diving program. Your signature on this statement is required for you to participate in the scuba diving program offered.

Established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be tired, over eight hours out of condition. Diving should be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body systems must be normal and healthy. A person with coronary disease, current cold or congestion, epilepsy, severe medical problems or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications or regular exercise, you should consult your doctor and the instructor before participating in this program and on regular basis thereafter upon completion. You must listen to the instructor the important safety rules regarding breathing and equipment while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Name _____ and
Instructor _____
City _____ located in the
City of _____, State/province of _____

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba diving program. If you are a minor, you must have this statement signed by a parent or guardian.

Diving is a non-citing and demanding activity. When performed correctly, applying correct techniques, it is a relatively safe activity.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should consult your doctor before participating in recreational diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in diving activities.

Please answer the following questions on your best or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, you must request that you consult your physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physician Examination to take to your physician.

- 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-asthma)
- Are you over 40 years of age and do you answer YES to one or more of the following?
 - currently smoke pipe, cigars or cigarettes
 - have high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

- Dysentery or dehydration requiring medical intervention?
- Any diving accidents or decompression sickness?
- Inability to perform moderate to heavy exercise (able to walk one mile within 20 mins.)?
- Head injury with loss of consciousness in the past five years?
- Recurrent back problems?
- Stomach or spinal surgery?
- Diabetes?
- Stomach or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure?
- Heart disease?
- Heart attack?
- Angiogram, heart surgery or blood vessel surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss or problems with hearing?
- Recurrent ear problems?
- Bleeding or other blood disorders?
- Hemorrhoids?
- Ulcers or ulcer surgery?
- Acidostony or leostony?
- Recreational drug use or treatment for alcoholism in the past five years?

Have you ever had or do you currently have...

- Asthma, or heezing with anything, or heezing 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?
- Best vision health, mental or psychological problems (fracture, fever of closed or open sores)?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- Recurring complicated migraine headaches or take medications to prevent them?
- Faints or fainting (full or partial loss of consciousness)?
- Frequent or severe suffering from motion sickness (sea sick, airsick, etc.)?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

STUDENT

Please print legibly.

Name First Initial Last Birth Date Day/Month/Year Age

Mailing Address

City

State/Province/Region

Country

Zip/Postal Code

Home Phone ()

Business Phone ()

E-mail

FAX

Name and address of your family physician

Physician

Clinic/Hospital

Address

Date of last physical examination

Name of trainer

Clinic/Hospital

Address

Phone ()

E-mail

Were you ever required to have a physician for diving? Yes No If so, when?

PHYSICIAN

This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

Physician's Impression

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks

Physician's Signature or Legible Representative of Medical Practitioner

Date

Day/Month/Year

Physician

Clinic/Hospital

Address

Phone ()

E-mail

Guidelines for Recreational Scuba Diver's Physical Examination

Instructions to the Physician:

Recreational SCUBA (Self-Contained Underwater Breathing Apparatus) is a popular sport for many recreational divers. The risk of diving is increased by certain physical conditions, which the relationship to diving is not unequivocal. Thus, it is important to screen divers for such conditions.

The RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION focuses on conditions that may put the diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolism and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be free of any and some degree of cold stress, the physiologic 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 a minimum of the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but covers the most commonly encountered medical problems. The brief introductions should serve as a 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 derived from diving against the increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no absolutes for diving. The education of the diver and the physician's responsibility of injury. Experience and physiologic 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 an unduly elevated risk of decompression sickness, pulmonary or otic embolism or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in writing 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 decisions to whether diving is contraindicated for this category of medical problems, physicians must use their judgement on an individual assessment of the individual's 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 indicated as indicated to determine the diver's status. A list of references is included to aid in identifying 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 1-919-644-4344 during normal business hours. For emergency calls, 24 hours 7 days a week, call 1-919-644-1111 or 1-919-644-DAN (collect). Requested organizations exist in other parts of the world - DAN Europe in Italy 0039-06-7777, DAN S.E.A.P. in Australia 01-608-0000 and Divers Emergency Service (DES) in Australia 02-924-4211. DAN is also available in South Africa 27-11-422-7114. There are also numerous other sites offering similar advice.

NEUROLOGICAL

Neurologic 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 are any signs and symptoms of neurologic symptoms and signs, such as migraine or demyelinating disease, contraindicate diving. The use of a computer of the pre-existing disease (e.g., migraine) is difficult to distinguish

from neurologic decompression sickness. A history of head injury resulting in unconsciousness should be considered 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**
- **Intracranial Tumor or Aneurysm**
- **Peripheral Neuropathy**
- **Multiple Sclerosis**
- **Trigeminal Neuralgia**
- **History of spinal cord or brain injury**

Temporary Risk Condition

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 here there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or other abnormalities here perfusion is impaired and 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 conditions 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 ability. The suggested minimum criteria for stress testing in such cases is at least 1 METS.* Failure to meet the exercise criteria could be of significant concern. Conditioning and retesting may be a better option possible. Immersion in water uses 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 left ventricular disease. The effects of immersion are mostly exaggerated 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 is one, two METS is two times the resting level, three METS is three times the resting level and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology Book, Prentice Hall, 1977.)

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 lungs increases the diver's risk for pulmonary overinflation, i.e. alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax. Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may also use air trapping. The British Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and other studies indicate that for the risk of pulmonary overinflation and decompression illness to be acceptably low, the thoracic diver should undergo symptomatic and have normal spirometry before and after the exercise test. Inflation 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 is catastrophic. As the diver ascends, air trapped in the cavity expands and could produce tension pneumothorax.

In addition to the risk of pulmonary overinflation, 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 diaphragm (e.g. pneumothorax), or neuromuscular disorders, may impair cough, which could be life threatening if a tear is spilled. Respiratory limitation due to disease is compounded by the combined effects of immersion (decreasing restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (decreasing 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 the exercise

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.

Severe Risk Conditions

- History of spontaneous pneumothorax. Individuals who have experienced spontaneous pneumothorax should avoid diving, even after surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g. pleurodesis, pleuroectomy) or may not totally correct it (e.g. resection of the subpleural space).
- Impaired exercise performance due to respiratory disease.

GASTROINTESTINAL

Temporary Risks

As with other organ systems, and disease states, process which chronically debilitates the diver may impair exercise performance. Additionally, diving activities may exacerbate these symptoms from medical care. The possibility of acute recurrences of disability or latent 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 relationships secondary to surgery or malformations that lead to air trapping may cause serious problems. Gas trapped in a hollow viscus expands as the divers surface and could lead to rupture or, in the case of the upper GI tract, emesis. Emesis under water 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

ORTHOPAEDIC

Relative impairment of mobility, particularly if it is to a shore with equipment weighing up to 1 kg (2 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

A normalities resulting in altered rheologic properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus rupture, and contribute to 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 Disease
- Polycythemia Vera
- Leukemia
- Hemophilia/Impaired Coagulation

METABOLIC AND ENDOCRINOLOGICAL

With the exception of diabetes mellitus, testes of altered hormonal function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirements and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, and in the more extreme cases 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 hypoglycemic 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 ability and emotional makeup are important to safe diving. The student diver must have sufficient training abilities to grasp information presented to him by his instructors, be able to safely 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 are 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

- Claustrophobia and agoraphobia
- Active psychosis
- History of untreated panic disorder
- Drug or alcohol abuse

OTOLARYNGOLOGICAL

Equalization of pressure must be kept during ascent and descent, external ear pressure and the external auditory canal, middle ear and mastoid sinuses. Failure of this to occur results in the most in air and in the worst case rupture of the occluded space with disfigurement and possible lethal consequences.

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

The eustachian and paranasal sinuses must be free of obstruction to airflow. The eustachian and epiglottic structure must function normally to prevent spasm.

Mandibular and maxillary function must be able to allow the patient to hold a scuba mouthpiece. Individuals who have a dental procedure are prone to 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 temporomandibular 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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- Underwater and Hyperbaric Medical Society (UHMS) www.uhms.org
- Divers Alert Network (DAN) United States, c. West Cdony Office, Durham, NC www.DiversAlertNetwork.org
- Divers Alert Network Europe, P.O. Box 6206 Roseto, Italy, telephone non-emergency line weekdays office hours 9 - 17 - 00, emergency line 24 hours 3 - 9 - 6 - 7
- Divers Alert Network S.E.A.P., P.O. Box 4, Ashburton, Australia, telephone 6 - 9 - 0 - 1 66
- Divers Emergency Service, Australia, www.hse.gov.au/hyperbaric, telephone 6 - 2 - 2 - 2 2
- South Pacific Underwater Medicine Society (SPUMS), P.O. Box 10, Red Hill South Victoria, Australia, www.spums.org.au
- European Underwater and Diving Medical Society, www.eu.s.org

ENDORRSERS

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|---|---|---|
| <p>Paul A. Thomas, M.D., Medical Director
Hyperbaric Medical Center
St. Luke's Hospital, Denver, CO, USA</p> <p>Peter Bennett, Ph.D., D.Sc.
Professor, Anesthesiology
Duke University Medical Center
Durham, NC, USA
pennett@n.duke.edu</p> <p>Richard E. Moon, M.D., F.A.C.P., F.C.C.P.
Departments of Anesthesiology and Pulmonary
Medicine
Duke University Medical Center
Durham, NC, USA</p> <p>Roy A. Myers, M.D.
MIEMS
Baltimore, MD, USA</p> <p>William Chen, M.D., Hyperbaric Consultant
Division President/St. Luke's Medical Center
Denver, CO, USA</p> <p>John M. Anderson, M.D.
Northridge Hospital
Los Angeles, CA, USA</p> <p>Des Gorman, B.Sc., M.B.Ch.B., F.A.C.O.M.,
F.A.F.O.M., Ph.D.
Professor of Medicine
University of Auckland, Auckland, NZ
d.gorman@auckland.ac.nz</p> <p>Alf O. Brukk, M.D., Ph.D.
Norwegian University of Science and Technology
Trondheim, Norway
alf@medisin.ntnu.no</p> <p>Alessandro Marconi, M.D.
Director, DAN Europe
Roseto, Italy
Hugh Greer, M.D.
The University of California, USA
hgd.lgfd.com</p> | <p>Christopher J. Acott, M.B.B.S., Dip. D.H.M.,
F.A.N.Z.C.A.
Physician in Charge, Diving Medicine
Royal Adelaide Hospital
Adelaide, SA, Australia</p> <p>Chris Edge, M.A., Ph.D., M.B.B.S., A.F.O.M.
Nuffield Department of Anesthesiology
Addiscombe Infirmary
Oxford, United Kingdom
cjedge@diver.demon.co.uk</p> <p>Richard Mann, Ph.D.
Duke University Medical Center
Durham, NC, USA</p> <p>William Meter, M.D., F.A.C.E.P.
Assistant Clinical Professor of Surgery
The University School of Medicine
New Orleans, LA, USA</p> <p>Roger Goddard, M.D.
St. Luke's Hospital
Milwaukee, WI, USA</p> <p>Paul G. Lister, M.D., F.A.C.P.
The University Medical Clinic
Undersea Medical Specialist
The University, CA, USA</p> <p>James Groszarti, M.D.
c/O Rockville South
Rockville, MD, USA</p> <p>Tom S. Neuman, M.D., F.A.C.P., F.A.C.P.M.
Associate Director, Emergency Medical Services
Professor of Medicine and Surgery
University of California at San Diego
San Diego, CA, USA</p> <p>Yoshihiro Ino, M.D.
Professor
Tokyo Medical and Dental University
Tokyo, Japan
y.ino@ns.tmd.ac.jp</p> | <p>Simon Mitchell, MB.ChB., DipDHM, Ph.D.
Medical Director
Essex Centre for Hyperbaric Medicine
Essexford Jackson Bldg., Chelmsley Street
Auchenflower, QLD 4068 Australia
smitchell@essex.com.au</p> <p>John Risberg, M.D., Ph.D.
NW, Norway</p> <p>Arne Børn Hoesen, M.D.
Associate Clinical Professor
UCSD Diving Medicine Center
University of California at San Diego
San Diego, CA, USA</p> <p>Edmond J. Y. M.D., F.A.A.F.P.
Dive Physician & Asst. Clinical Prof. of Pulmonary Medicine
University of Washington
Seattle, WA, USA
erlyu@u.washington.edu</p> <p>Christopher Dueker, T. S. M.D.
Atherton, CA, USA
chrisdueker.com</p> <p>Charles E. Lehner, Ph.D.
Department of Surgical Sciences
University of Wisconsin
Madison, WI, USA
cedlehner@netff.wisc.edu</p> <p>Underwater & Hyperbaric Medical Society
1111 Metropolitan Avenue
Baltimore, MD 21205, USA</p> <p>Divers Alert Network (DAN)
c. West Cdony Office
Durham, NC 277</p> |
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