

NOAA DIVING MEDICAL EVALUATION REPORT

NOTE: COMMISSIONED OFFICERS AND WAGE MARINE EMPLOYEES MAY NOT USE THIS FORM, MUST use forms SF-88 & SF-93 and MUST follow NMAO medical exam guidelines IN ADDITION TO NDC guidelines. Contact NMAO Health Services about required testing for initial and periodic physicals.

1. NAME (Last, First M.I.)	2. SOCIAL SECURITY NUMBER	3. DATE OF EXAM
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4. MEASUREMENTS AND OTHER FINDINGS

5. HEIGHT	7. BLOOD PRESSURE /	8. DISTANT VISION		9. NEAR VISION	
6. WEIGHT		RIGHT 20/	CORR. TO 20/	20/	CORR. TO 20/
		LEFT 20/	CORR. TO 20/	20/	CORR. TO 20/

10. CLINICAL EVALUATION

NOR MAL	ABNOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	(Check each item in appropriate column, enter "NE" if not evaluated.)	NOR MAL	ABNOR MAL
		A. HEAD, FACE, NECK, AND SCALP	O. PROSTATE (Over 40 or clinically indicated)		
		B. EARS-GENERAL (Internal Canals)	P. TESTICULAR		
		C. DRUMS (Perforation) (TMs move with valsalva)	Q. ANUS AND RECTUM (Hemorrhoids, fistulae)		
		D. NOSE	R. ENDOCRINE SYSTEM		
		E. SINUSES	S. G-U SYSTEM		
		F. MOUTH AND THROAT (Including dentition)	T. UPPER EXTREMITIES (Strength, motor, sensory, ROM)		
		G. EYES-GENERAL (Visual acuity on next page)	U. FEET		
		H. OPHTHALMOSCOPIC	V. LOWER EXTREMITIES (Except feet) (Strength, motor, sensory, ROM)		
		I. PUPILS (Equality and reaction)	W. SPINE, OTHER MUSCULOSKELETAL		
		J. OCULAR MOTILITY (Associated parallel movements nystagmus)	X. SKIN, LYMPHATICS		
		K. LUNGS AND CHEST	Y. NEUROLOGIC		
		L. HEART (Thrust, size, rhythm, sounds)	Z. PSYCHIATRIC		
		M. VASCULAR SYSTEM (Varicosities, etc.)	AA. BREASTS		
		N. ABDOMEN AND VISCERA (Include hernia)	BB. PELVIC (Female only)		

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Attach additional pages if necessary)

CIRCUMFERENCE MEASUREMENTS (Required, in inches): Neck _____ Abdomen (Men) _____ Waist (Women) _____ Hips (Women) _____

11. TEST RESULTS (Test results and interpretation *MUST* be attached.)

A. URINALYSIS:	C. SPIROMETRY INTERPRETATION: (Initial exam only)	E. EKG INTERPRETATION: (Age 40 & older only)
(1) URINE KETONES		
(2) URINE PROTEIN		
(3) URINE SUGAR	D. CHEST X-RAY INTERPRETATION: (Initial exam only)	F. LIPID SCREENING - Total cholesterol, HDL, LDL, VLDL, triglycerides (Age 40 & older only - Attach results)
B. HCT OR HGB VALUE:		G. GLUCOSE SCREENING - (Age 40 & older only - Attach results)

12. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item number)

13. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

14. TYPED OR PRINTED NAME OF EXAMINER	15. SIGNATURE	16. DATE
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