

UHMS Medical Fitness to Work Guidelines for Multiplace Inside Attendants

♦ 1st edition ♦

*Report of the Hyperbaric Oxygen Safety Committee
of the Undersea and Hyperbaric Medical Society*

*This document was written and reviewed by
members of the Safety Committee of the UHMS
and approved by the UHMS Board of Directors*

Preface

The Board of Directors of the Undersea and Hyperbaric Medical Society (UHMS) acknowledges the work of the authors and the UHMS Safety Committee. It is our hope that this publication will prove helpful to practitioners in the field of hyperbaric medicine. The subject matter in this guide refers to the medical fitness of inside attendants (IAs) to work in a compressed-gas environment.

This publication does not replace or supersede any local, state or institutional code or standard. It is a guideline put together by experts in the field, to be used as a reference in evaluating the health and fitness to work of multiplace IAs.

Users of this publication are invited to visit the UHMS web site (www.membership.uhms.org) for more information and are invited to email comments or questions to uhms@uhms.org.

No responsibility is assumed by the Undersea and Hyperbaric Medical Society or its members, Board of Directors, officers, or Publisher for any injury and / or damage to persons or property as a matter of negligence, liability or otherwise, from the use of any methods, products, instructions, rules or ideas contained in this guideline. No suggested test or procedure should be carried out unless, in the reader's judgment the risk is justified, and the reader assumes all responsibility.

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SECTION 1: ADMINISTRATION**1.1 Introduction**

There has been a request from industry and the UHMS Board of Directors to create medical fitness guidelines for the inside attendant (IA) working in clinical multiplace hyperbaric chambers. There are existing standards for compressed-air workers in tunneling and commercial diving operations. The Australian, Canadian and European communities have existing standards for IA medical fitness to work in clinical hyperbaric chambers. The USA does not have standards for medical fitness of the clinical multiplace IA.

Who should be physically qualified to work in a compressed-air environment in the clinical multiplace hyperbaric chamber? The National Board of Diving and Hyperbaric Medicine has posted a position statement on its website (www.nbdhmt.org) that all IAs should have a hyperbaric physical. Most if not all multiplace facilities have a procedure and policy in place. The practice is not consistent across the United States. We hope that this guideline will help standardize our practice.

1.2 Scope

The scope of this guideline is to provide a template for the hyperbaric practitioner to use in evaluating the medical fitness of a candidate working in a clinical multiplace hyperbaric chamber. This document does not replace or supersede any local, national or institutional standard. This document is written to specifically address medical fitness to perform work in the hyperbaric environment typically found in multiplace clinical hyperbaric chambers. This guideline is not intended to address the general duties that are typically required of a hyperbaric IA otherwise pursuant to their employment. This is not intended to be, and should not be thought of, as a replacement for a position description which details all requirements (physical and otherwise) for the job (e.g., patient lifting).

1.3 Application

The fitness for duty physical can be completed by a physician or non-physician provider such as an MD, DO, PA or NP (“licensed practitioner”). The physical does not necessarily need to be performed by a hyperbaric specialist; but in all cases, a hyperbaric specialist must be involved in the determination of fitness for duty.

The hyperbaric specialist should be familiar with this guideline, as well as diving medicine and physiology. Ideally, this person should be Board-certified in Undersea and Hyperbaric Medicine but at a minimum should have completed a UHMS-approved course in the medical examination of divers. The hyperbaric specialist is usually

the Medical Director of the hyperbaric department, but may be another hyperbaric physician designated by the Hyperbaric Medical Director.

The licensed practitioner and the hyperbaric specialist (if not the same individual) should not have any real or potential conflicts of interest with the examinee. There are concerns in facilities where the licensed practitioner or hyperbaric specialist is also the supervisor of the examinee. There are also concerns as well as potential legal problems when the licensed practitioner or hyperbaric specialist has a financial interest in the operation of the facility. In these cases, if at all possible, it is recommended that the examination should be at least reviewed by an outside physician.

SECTION 2: MEDICAL REQUIREMENTS**2.1 GENERAL**

The following are intended to be used with the UHMS Medical History / Physical Examination forms. The specific aspects of a candidate’s ability to work in a compressed-gas environment are addressed by item number and are minimum guidelines. The good judgment of a qualified examiner will be necessary in determining fitness for duty to work in a multiplace chamber. When there is doubt about the medical fitness of the subject, advice of an appropriate specialist may be required. Particular attention must be given to the past medical history and any history of diving or exposure to hyperbaric and/or hypobaric conditions. In general, a high standard of physical and mental health is required of an IA. Therefore, in addition to excluding conditions, careful attention should be given to chronic or temporary physical or mental illness as these may affect the IA safety and those in their care.

2.2 PERIODICITY

For persons working as IAs in clinical hyperbaric chambers or others who may be exposed to hyperbaric conditions, the following medical examinations are recommended:

1. An initial medical physical examination
2. Periodic physical examinations are recommended at least every five years.
3. The UHMS Medical History form (self-reporting) may be used for this purpose.
4. A re-examination after a hyperbaric related injury or illness such as a known decompression sickness, arterial gas embolism, audio-vestibular illness, central nervous system dysfunction, when there is a change on the annual self-report, or as needed to determine fitness to work in hyperbaric conditions.
5. Any significant injury or illness should prompt a UHMS medical history form to be completed and reviewed prior to return to hyperbaric exposure.

6. A person should not be allowed to return to work after any significant injury or illness in hyperbaric conditions until released by the hyperbaric specialist to do so.

2.3 PHYSICAL EXAMINATION

1. For persons working in a hyperbaric environment, the following are recommended:
 - Medical history (recorded on the UHMS Medical History form);
 - Work history (recorded on the UHMS Work History form);
 - Physical examination (recorded on the UHMS Physical Exam form);
 - Tests recommended in Table 1 as appropriate;
 - Any tests deemed necessary to clarify the severity of conditions listed in exclusions;
 - Any additional tests deemed necessary to prepare the worker for employment in hyperbaric conditions.

2.4 RE-EXAMINATION AFTER INJURY OR ILLNESS

1. It is recommended that any person employed to work in clinical multiplace hyperbaric chamber or otherwise exposed to hyperbaric conditions complete a medical examination following a known pressure-related injury or illness which requires hospitalization, known decompression illness, audio vestibular illness, CNS dysfunction or arterial gas embolism.
2. A person should not return to work as an IA or be subject to hyperbaric conditions until released by the hyperbaric specialist to do so.
3. The licensed practitioner and/or the hyperbaric specialist shall determine the scope of the re-examination based on the nature of the injury / illness.

2.5 MEDICAL TESTS FOR IA FITNESS TO WORK IN CLINICAL HYPERBARIC CHAMBERS *(facing page)*

2.6 MEDICAL FITNESS FOR DUTY WRITTEN REPORT

The licensed practitioner shall provide a written fitness for duty report outlining the IA's medical condition and fitness to work in a compressed-air environment or other hyperbaric activities. This report shall be completed any time a physical examination is completed. The written UHMS medical history and UHMS physical exam form should accompany the written report.

2.7 RESTRICTION/DISQUALIFICATION FROM HYPERBARIC EXPOSURE

The physical examination shall determine whether the IA's health would be impaired by continued work in hyperbaric conditions. The licensed practitioner should indicate any restrictions that would apply to the IA's work activity in the written report.

2.8 MEDICAL RECORD-KEEPING

1. A medical record for each person shall be established and maintained. The record should include the UHMS Medical History and Physical Examination forms or equivalent, and the licensed practitioner's written report and the results of any testing performed.
2. The medical record shall be kept for a period of 5 years from the date of the last hyperbaric exposure or as indicated by law or local policy.

2.9 DISQUALIFYING CONDITIONS

An IA having any of the following conditions should be disqualified from engaging in work in the clinical hyperbaric chamber.

- History of seizure disorder, other than early childhood febrile seizures.
- Bullous, cystic or cavitary lung disease, significant obstructive or restrictive lung disease, recurrent pneumothorax.
- The requirement for oxygen at sea level is disqualifying.
- Chronic inability to equalize sinus or middle ear pressure. Note: this is not an absolute exclusion and should be considered on an individual basis.
- Significant central or peripheral nervous system disease or impairment.
- Alcoholism, drug abuse and / or history of psychosis.
- Hemoglobinopathies associated with comorbidities.
- Grossly impaired hearing.
- Significant osteonecrosis.
- Chronic conditions requiring control by medication may be disqualifying. Note: not all such conditions are absolute exclusions. These should be considered on an individual basis
- Pregnancy

2.5 Table 1 – Medical tests for IA fitness to work in clinical hyperbaric chambers

| TEST | INITIAL | PERIODIC | COMMENTS |
|---|-----------------------------------|---|---|
| medical history | Yes | Annually | Include predisposition to loss of consciousness, vomiting, cardiac history, low O ₂ saturation, CO ₂ retention, serious blood loss, or anything that in the opinion of the licensed practitioner would interfere with work in hyperbaric conditions |
| physical examination | Yes | Every 5 years and as deemed necessary | Include predisposition to loss of consciousness, vomiting, cardiac history, low O ₂ saturation, CO ₂ retention, serious blood loss, or anything that in the opinion of the licensed practitioner would interfere with work in hyperbaric conditions |
| pulmonary function | Yes | As medically indicated. Recommended with each exam for smokers or history of significant respiratory illness. | To include FEV1, FVC, PEF, FEF25-75. |
| audiogram | Yes | As per OSHA or institutional policy, or as medically indicated | Pure tone audiology |
| routine urinalysis | Yes | As medically indicated | |
| hematocrit, hemoglobin, white blood count | Yes | As medically indicated | |
| chest x ray | Yes | As medically indicated | PA and LAT |
| EKG: Standard (12 lead) | Yes | As medically indicated | Required initially to establish baseline |
| EEG | As medically indicated | As medically indicated | |
| visual acuity | Yes | As medically indicated | Vision, near & distant, uncorrected and corrected, to include color |
| toxicology screen | According to institutional policy | According to institutional policy | |

SECTION 3: SYSTEMS-BASED RECOMMENDATIONS

3.1 EARS

1. Hearing

- a. Hearing loss of greater than an average of 30 dB or greater in the better ear in the speech frequencies (500, 1,000, and 2,000 Hz) should be considered disqualifying. The IA must be able to hear and understand speech through communication devices in the setting of considerable external noise.
- b. The necessity of hearing amplification devices is disqualifying.

2. External ears

- a. Deformity of the external ear that it interferes with the ability to use communication devices is disqualifying.
- b. Severe exostoses of the external canal may be disqualifying if they cause obstruction to the external ear canal.
- c. Uncontrolled chronic otitis externa may be disqualifying.

3. Middle ears

- a. Chronic middle ear effusions, or any condition which will interfere with the ability to rapidly equalize the middle ear space is disqualifying.
- b. Inability to adequately equalize the middle ear space is disqualifying.
- c. Stapedectomy or other surgeries on the ossicles, with or without the use of prosthesis, is disqualifying.
- d. Chronic mastoiditis treated with radical mastoidectomy, or radical mastoidectomy for any reason, is disqualifying.
- e. Acute tympanic membrane perforations are temporarily disqualifying until completely healed.
- f. Chronic perforations of the tympanic membrane, provided auditory acuity is preserved as above, are acceptable.

4. Inner ears

- a. Any history of inner ear surgery is disqualifying.
- b. Menière's disease is disqualifying.
- c. Previous history of inner ear decompression sickness with persistent labyrinthine damage is disqualifying.
- d. Chronic vertigo of any cause is disqualifying.

3.2 NECK, HEAD AND SCALP

1. Craniofacial abnormalities which prevent the IA from obtaining an adequate seal with the chamber breathing equipment is disqualifying.
2. Facial hair may disqualify if it interferes with the correct use of breathing equipment.
3. Chronic draining fistulas of the head, face, and neck are disqualifying.
4. Chronic spastic contraction of the muscles in the neck is disqualifying.

5. Sinuses

- a. Chronic sinusitis which interferes with the ability to adequately equalize pressures in all sinuses is disqualifying.
- b. Sinus surgery is temporarily disqualifying. Before returning an IA to full duty (after they have been released by their surgeon) they should undergo a pressure test to ensure that their ability to equalize has not been altered.

6. Dental

- a. Active dental disease, such as abscesses and symptomatic caries, are disqualifying until treatment is completed.
- b. Dentures and dental implants are not disqualifying unless so poorly fitting as to interfere with the good fit of the mask.

3.3 EYES

1. Vision

- a. The IA should have best corrected distance vision of at least 20/40 in the better eye. Near vision should be correctable to at least 20/40 in the better eye.
- b. The use of corrective lenses or contact lenses is acceptable.
- c. The IA must be able to identify basic colors. If the candidate fails a standard color vision screening test (e.g., pseudoisochromatic plates) an alternate functional test may be used.
- d. Conditions which significantly interfere with night vision to the point where the IA cannot function in low-light conditions are disqualifying.

2. Disease of the eye

- a. Retinal diseases are disqualifying only when they have progressed to the point where the candidate can no longer pass the visual standards.
- b. Retinal detachment is disqualifying until repaired and the treating ophthalmologist has declared the patient's retinal condition stable and discharged the patient from care.
- c. All eye surgery is temporarily disqualifying until any retained gas is resorbed from the eye.
- d. Cataract removal with intraocular lens implantation is not disqualifying once the patient has completely healed, as above.
- e. Corneal refractive surgery is not disqualifying once the patient has stabilized their vision and has healed the cornea completely.

3.4 CARDIOVASCULAR

1. General

The cardiovascular requirements of the IA are, in general, not dissimilar to those of most other health care providers. The examiner should be alert for conditions which may cause sudden incapacitation, as well as conditions where modest changes in preload and afterload could cause decompensation in preexisting chronic conditions. In all cases, the IA with significant cardiovascular disease must have continued care from their treating physician(s). The examiner may need statements from the treating physician(s) as to the diagnosis, treatment provided and/or planned, and prognosis. The examiner should also review relevant diagnostic studies (e.g., echocardiogram results, perfusion studies) prior to making a decision regarding fitness for IA duty.

2. Hypertension

- a. The IA may be qualified with NHLBI Stage 1 hypertension (systolic BP less than 160, diastolic less than 100). Ideally, the IA with hypertension will have treatment resulting in BP of less than 140/90.
- b. Blood pressure of greater than 160/100 (NHLBI Stage 2) should be considered disqualifying. An examiner may temporarily qualify an IA pending full evaluation and treatment. Time limited qualifications should be restricted to asymptomatic hypertensive patients only.

3. Coronary artery disease

- a. IAs with active, unstable symptoms should not be qualified until completely evaluated and treated. Stable coronary artery disease, provided the patient is well compensated and has sufficient cardiac reserves

to complete essential job functions and is at low risk for unexpected incapacitation (e.g., due to arrhythmia or MI), is acceptable.

- b. IAs who have had a myocardial infarction should refrain from IA duties until released for work by their treating physician and evaluated by their supervising physician.
- c. IAs who have undergone endovascular revascularization procedures should refrain from IA duties until released from their treating physician and have been shown to have a successful outcome.
- d. Revascularization via coronary artery bypass grafting (CABG) will require a longer period of waiting prior to resuming IA duties. Traditional CABG surgery involves violating both pleural spaces as well as the mediastinum. Prior to resuming duties the examining physician should ensure that the sternotomy has healed, and there were no significant complications as a result of the surgery. Three months is usually a sufficient period to ensure that healing has completed.
- e. In the case of both percutaneous cardiac intervention and CABG, the IA is at risk for both new occlusions and reocclusion of the reopened vessels or grafts, thus a higher risk of sudden incapacitation. The patient will need continued monitoring for present but asymptomatic disease. The exact timing and type of testing should be determined in conjunction with the patient and their treating physician(s). The IA should have exercise tolerance sufficient to perform 8 METS of exercise without symptoms.

4. Valvular heart disease

Valvular heart disease should be considered individually, after evaluation by the treating cardiologist and supervising physician.

5. Heart failure

- a. The IA should be able to perform at least 8 METS of exercise without eliciting symptoms of heart failure.
- b. Left-sided heart failure with an ejection fraction below 40% should only be qualified after consultation with the treating cardiologist.
- c. Left-sided heart failure with an ejection fraction below 30% is disqualifying.
- d. If the IA has a significant exacerbation of his/her condition they should refrain from IA duties until the the exacerbation has resolved and the IA has been re-evaluated by the treating physician and hyperbaric specialist.

6. Disorders of heart rhythm

- a. Symptomatic atrial tachyarrhythmias, such as supra-ventricular tachycardia, and uncontrolled atrial fibrillation, are disqualifying. Of significant concern are the paroxysmal variants of these conditions.
- b. Ventricular arrhythmias, including ventricular fibrillation (VF) and ventricular tachycardia (VT) with arrest, are disqualifying. Multifocal or symptomatic premature ventricular contractions should be investigated further and any underlying condition completely characterized prior to qualification.
- c. If an IA requires the use of an implanted pacemaker or automatic implantable cardioverter-defibrillator (AICD), the concern should be about the condition requiring the use of the device. Any implanted pacemaker or AICD should be certified by the manufacturer to at least the maximum pressure used at the facility. The treating cardiologist or electrophysiologist should be consulted.
- d. Ventricular conduction disorders
 - i. Prolonged QT syndrome should be evaluated individually and qualified after appropriate workup and consultation.
 - ii. Bundle branch block may be qualified after consultation with a cardiologist and appropriate risk stratification.
 - iii. Ventricular pre-excitation syndromes
 1. Asymptomatic ventricular pre-excitation syndromes may be qualified after consultation with a cardiologist.
 2. Ventricular pre-excitation syndromes which have resulted in symptomatic tachyarrhythmias are disqualifying.
 3. A waiting period of 1 month is recommended following ablation of re-entrant pathways after certification that the procedure was successful.

7. Myocardial disease

- a. IAs with acute, active myocarditis (of any type) should be temporarily disqualified until resolution of the episode.
- b. Hypertrophic cardiomyopathy is disqualifying.

8. Cardiac syncope

- a. A single episode of cardiac syncope is temporarily disqualifying. The IA should not be reinstated until the cardiac evaluation is complete.
- b. Multiple uncorrectable or untreated syncopal episodes should be disqualifying.

2.10 PULMONARY

1. Pneumothorax

- a. Spontaneous pneumothorax is disqualifying. A prior history may be acceptable if treated with pleurodesis, a significant period of time has elapsed and evaluation shows no anatomical or functional defects.
- b. Traumatic pneumothorax is temporarily disqualifying. The IA may return to duty provided:
 - i. 3 months' period of time has elapsed since successful completion of treatment
 - ii. There are no residual pulmonary symptoms
 - iii. Evaluation shows no residual anatomic or functional defects. Investigation may include:
 1. imaging, including CT scanning
 2. full pulmonary function testing
 3. evaluation by a specialist physician

2. Pulmonary overinflation syndromes

- a. A single episode of pulmonary overinflation syndrome is temporarily disqualifying for a minimum of three months.
- b. To return to duty, individuals with history of pulmonary overinflation syndromes associated with decompression in a hyperbaric chamber may be at high risk for recurrence and possibly arterial gas embolism. Such instances should be thoroughly investigated to determine the possible presence of undiagnosed anatomic or significant physiologic abnormalities. Even in the absence of demonstrable abnormalities, return to work in a hyperbaric environment may be risky. Investigation may include:
 - i. imaging of the chest (X-ray, CT scan of chest, MRI)
 - ii. full pulmonary function testing
 - iii. assessment by a specialist physician
- c. Mediastinal emphysema
 - i. Mediastinal emphysema should be temporarily disqualifying.
 - ii. To return to duty, individuals with history of mediastinal emphysema should be investigated to determine the possible presence of undiagnosed anatomic or significant physiologic abnormalities. Investigation may include:
 1. CT scan of the chest
 2. full pulmonary function testing
 3. assessment by a specialist physician
 - iii. A second episode of mediastinal emphysema is disqualifying.

3. Asthma/Reactive airway disease

The current approach to reactive airways disease and hyperbaric exposure has evolved significantly in the past several decades. The previous universal prohibition has evolved into a more individualized set of recommendations, based upon the individual presentation of disease. Periodic re-evaluation may be considered. The concern is that air trapping during chamber decompression may trigger pulmonary barotrauma (arterial gas embolism, pneumomediastinum, pneumothorax). In addition, the increased gas density during hyperbaric exposure may worsen pre-existing airways obstruction due to asthma or COPD.

- a. Intermittent Disease: Generally, intermittent disease (FEV1 > 0.8 or FEV1/FVC ≥ 0.85) may be considered for duties as a IA.
- b. Persistent Disease: Persistent disease (mild to moderate), with good control and good exercise tolerance is acceptable.
- c. Disease Stability: The examiner should consider the stability of the disease. Frequent or severe exacerbations should be considered for exclusion from IA duties, as should other considerations, including: treatment requirements, previous hospitalization(s), and severity of attacks. Factors such as the use of steroid medications, steroid dependence, multiple hospitalizations, history of intubations, and frequent severe attacks requiring stabilization and treatment in an emergency department, should all be considered as factors arguing against the suitability for duties as a IA.
- d. Disqualification: Persistent severe disease, such as FEV1 < 60% of predicted or pO₂ less than 65 torr on room air, is disqualifying.
- e. Restriction from Duties: Any acute exacerbations should be restricted from duty until returned to baseline.

4. Fixed obstructive pulmonary disease

- a. The suitability for duty will depend upon several factors. All cases should be considered individually. Periodic re-evaluation may be considered.
- b. Exercise tolerance and the ability to perform essential job functions, especially with slightly increased work of breathing at treatment pressure, should be considered by the examiner.

5. Restrictive lung disease

- a. The degree to which restrictive lung disease is compatible with duty as an IA will depend upon etiology, disease progression, and prognosis.
- b. A full evaluation including a complete pulmonary function testing (to include DLCO), imaging, and an evaluation by a pulmonary medicine specialist should be undertaken on initial evaluation, and periodically thereafter.
- c. Any restrictive disease with significant symptoms is disqualifying.
- d. The presence of cor pulmonale is disqualifying.

6. Pulmonary tuberculosis

- a. The enclosed nature of the hyperbaric environment and close contact between the IA and patients creates an environment where transmission of active pulmonary tuberculosis is a serious concern.
- b. Active pulmonary tuberculosis is disqualifying until the IA is non-infectious and the patient has been evaluated by a pulmonologist, and has had no sequelae (chronic effusion, heavy scarring).
- c. A positive test for tuberculosis (PPD or IGRA) is temporarily disqualifying until the patient has been certified free of disease. If the IA is disease-free and has been recommended for treatment of latent tuberculosis infection (LTBI), the use of these medications is not disqualifying.
- d. A previous history of LTBI treatment, positive PPD, or exposure to tuberculosis is not disqualifying unless there are structural or cavitory lesions. The IA should disclose this fact, and the IA should have periodic (annual) follow-up to ensure the disease has not become active.

3.6 GYNECOLOGICAL/BREAST

1. Pregnancy

- a. Pregnancy is a temporary disqualification. IAs who are pregnant or actively attempting to conceive should refrain from IA duties.

2. Lactation

- a. There are no known contraindications to IA duties and lactation.

3. Breast implants

- a. Post-surgery there are no specific contraindications to IA duties with breast implants as they related to the health of the IA.
- b. The IA should be informed, however, that repetitive exposure to the hyperbaric environment may alter or deform the implant, and may shorten its effective life.

3.7 NEUROLOGIC DISORDERS

1. Seizure disorders

The concern is that a tender who experiences a seizure during a hyperbaric treatment could become incapacitated and be unable to offer appropriate patient care. It is also possible that some seizures might be precipitated by breathing oxygen under pressure, which in many facilities is routinely required for IAs prior to decompression after standard hyperbaric treatments and is mandatory for US Navy treatment table 6.

- a. Active seizure disorder, with or without the current use of antiepileptic medication is disqualifying.
- b. If an individual with a history of seizure disorder has been seizure-free while off medications for a period of 10 years, then he/she may be reconsidered for IA duties.
- c. A history of simple febrile seizure prior to age 5 is not disqualifying.
- d. A single seizure in an adult is temporarily disqualifying, but may not result in permanent disqualification. After a period of observation of one year, with a complete neurologic evaluation, the individual may be returned to IA duties.
- e. Withdrawal seizures from medication or alcohol is disqualifying until the condition is stable and there is no risk from repeat seizures.

2. Degenerative neurologic diseases

- a. Degenerative neurological diseases include multiple sclerosis, anterior horn cell diseases (e.g., amyotrophic lateral sclerosis), Huntington's disease and Parkinson's disease are considered disqualifying.
- b. IA candidates with these diseases will likely have fixed neurologic deficits. In addition, there is the possibility the disease process will continue (at an unpredictable manner) and a new symptom following exposure cannot be easily (if at all) differentiated between decompression illness caused by IA exposure and progression of existing disease.
- c. In addition, there has been a historical relationship between hyperbaric oxygen exposure and recurrent/exacerbation of optic neuritis associated with multiple sclerosis.
- d. For these reasons, duties as an IA are not compatible with the presence of degenerative neurological diseases.

3. Closed-head injury

- a. Definitions
 - i. Mild closed-head injury is defined as: a period of loss of consciousness or altered awareness, or post-traumatic amnesia of less than one hour, with no known intracranial bleeding.

- ii. Moderate: Loss of consciousness, altered awareness, or post traumatic amnesia of greater than one hour, but less than 24.
 - iii. Severe: Loss of consciousness or post traumatic amnesia of greater than 24 hours, and/or the presence of post-traumatic seizures.
- b. Mild closed-head injury is not disqualifying. IAs should be restricted from duties until evaluation is complete and a sufficient period of time has lapsed to determine that early sequelae have not occurred.
 - c. Moderate or severe closed head injury should be considered disqualifying.

4. Cerebrovascular disease

- a. Cerebrovascular accident (CVA). There is a significant increase in incidence of seizure disorder in individuals who have a completed CVA, extending from between 2 to 10 years (depending upon the type and location of the insult) following the initial event. It is likely that these areas represent foci of increased irritability which may result in significantly increased susceptibility to CNS oxygen toxicity. It is also expected that these individuals will have a significant residual neurologic impairment. It is recommended that these individuals not resume or continue duties as an IA.
- b. Transient Ischemic Attack (TIA). Reversible neurologic defects should be considered disqualifying until a thorough evaluation and treatment have been completed. If a treatable cause has been identified and corrected, an IA may be returned to duties after a suitable waiting period has elapsed. The period between correction and return to duty should be sufficient to ensure that early complications (reocclusion of opened vessels) has not occurred.
- 5. Peripheral neuropraxias (including carpal tunnel syndrome) may be acceptable, providing the deficit is fixed and unchanging, and any residual weakness does not interfere with job requirements.

3.8 GASTROINTESTINAL DISORDERS

1. Inguinal hernias

- a. A loop of bowel in the inguinal canal may create a loop of gas which could expand upon depressurization and create bowel strangulation.
- b. The presence of inguinal hernias should be carefully evaluated to determine the degree of reducibility and possibility of strangulation.
- c. The examiner should also consider if the IA is unable to lift, or has a specific lifting restrictions.

2. Colostomy

The presence of a colostomy is not a disqualification to IA duties. The IA should be aware of the necessity to ensure the colostomy bag is appropriately vented prior to decompression of the chamber.

3.9 MUSCULOSKELETAL DISORDERS

- 1. Musculoskeletal disorders encompass a wide range of problems, ranging from acute self-limited injuries to major abnormalities which create significant concerns for working in this environment. Any acute musculoskeletal disorder should not interfere with the ability to work and move in the specific environment of the facility. As such, different facilities may have different requirements. An individual with a chronic back disorder may be able to work in a newer facility with a taller overhead and more space, but not be able to work in an older, smaller facility which requires frequent stooping and bending at the waist.
- 2. Spinal disorders. IAs with spinal disorders should be disqualified if any of the following are present:
 - a. Transient and/or unpredictable appearance of neurologic deficits. This includes areas of altered sensation (including paresthesia) and muscular weakness.
 - b. The use of medications which result in significantly altered attention or judgment.
 - c. Significant restrictions in movement and capability resulting in either the inability or questionable ability to perform essential job functions, either at atmospheric or at treatment pressure.
- 3. Joint replacement is acceptable if the IA has sufficient function (range of motion and strength) to perform essential job functions.
- 4. Amputations/prosthesis. IAs with amputations will require individual evaluation. The specific facility and the limitations (if any) of the IA must be considered. Consultation with the IAs individual treating provider(s) (including physiatrist and prosthetist) will be necessary. If an IA with a prosthesis is to be qualified, the prosthesis must be made of materials which will not be adversely affected by pressure changes.

3.10 INTEGUMENT

- 1. Active transmissible skin infections or lesions such as Varicella-Zoster Virus (VZV) infection, should be considered temporarily disqualifying until lesions are healed.

3.11 ENDOCRINE

1. Thyroid diseases

- a. Controlled thyroid diseases are not disqualifying.
- b. IA who are undergoing radioactive ablation should not engage in patient care activities until approved to do so by their treating physician.

2. Disorders of the adrenal cortex (Cushing’s disease, hypoadosteronism) must be considered individually. Evaluations of IAs with these conditions should consider the stability of the condition and medications required.

3. Pituitary disorders must be controlled.

4. Diabetes mellitus

- a. Diabetes mellitus represents one of the most common medical disorders which could impact the ability of an IA to safely and effectively perform their duties. In order to make a complete assessment the examining physician will, in addition to interviewing and examining the attendant, obtain information from the treating providers, as well as examining records/logs recording glucose control.
- b. Recurrent symptomatic hypoglycemic events are disqualifying. Any hypoglycemic event which required the intervention of another person and/or caused a change in the level of consciousness or cognitive ability are particularly concerning. Additionally, repeated hypoglycemic events with no patient awareness should be considered disqualifying.
- c. Regardless of type, diabetes should be well controlled. Examination of recent glycosylated hemoglobin level as well as examination of blood glucose logs will aid the examiner in assessing the degree of control.
- d. Diabetes mellitus with the presence of end organ damage, including proliferative retinopathy, nephropathy (beyond microalbuminuria), peripheral neuropathy, or autonomic neuropathy must be considered when assessing an IA for fitness for duty. Any end organ damage that could interfere with the ability of an IT to perform duties should be considered disqualifying.

3.2 PSYCHIATRIC

Careful appraisal of a person’s emotional and temperamental fitness should be completed. Personality disorders such as psychosis, immaturity, instability, antisocial tendencies may be disqualifying. Any psychiatric illness could be cause for disqualification unless the examining licensed practitioner is confident that it is minor and unlikely to affect the safety of patients or staff on the hyperbaric chamber. Attention should be given to chronic drug and alcohol use and abnormalities noted on the UHMS Physical Examination form.

SECTION 4: REFERENCED PUBLICATIONS

1. ADCI International Consensus Standards for Commercial Diving and Underwater Operations – 6.2 Edition, www.adc-int.org
2. NOAA Diving Manual 5th Edition
3. US Navy Diving Manual Revision 6, change A
4. United States Department of Labor, Occupational Safety & Health Administration, Commercial Diving Standards, (20 CFR part 1910, subpart T), www.osha.gov
5. Work in Compress air and hyperbaric facilities, Australian standard AS 4774.2.2002
6. Compressed-air work A-5 Workplace Safety and Health Council, Ministry of Manpower, Singapore www.wshc.sg
7. Health & Safety for Therapeutic Hyperbaric Facilities: A Code of Practice, The British Hyperbaric Association
8. A Guide to the Work in Compressed Air Regulations, Health and Safety Executive, L96
9. European Code of Good Practice for Hyperbaric Oxygen Therapy, Working group report of the COST action B14, May 2004
10. Doctors Guide to Medical Examinations for workers engaged in Hazardous Occupations in Industrial Undertakings, 2004, Occupational Safety and Health Branch Labour Department, www.labour.gov.hk
11. Decompression Sickness in IAs, Section VI, Chapter 2, Paul J. Sheffield and Christy J. Pirone, Hyperbaric Facility Safety: A Practical Guide, Wilbur Workman, Best Publishing
12. Hyperbaric chamber attendant safety II: 14-year health review of multiplace chamber attendants, P David Cooper, Corry Van den Broek, David Smart. Diving and Hyperbaric Medicine volume 39, No 2 June 2009
13. Fitness to Work in Pressurized Settings, (2012-01) July 2012 (Rev June 2013) www.nbdhmt.org
14. Asthma Care Quick Reference www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf

SECTION 5: FORMS

- 5.1 UHMS Medical History Form
- 5.2 UHMS Physical Examination Form
- 5.3 UHMS Work History Form
- 5.4 UHMS Fitness for Duty Report

UHMS MEDICAL HISTORY FORM

| | | | | | |
|--|------------|-------------|------------------|-----------|------------------------------------|
| Employer | | | Job Title | | Date |
| 1. Last Name | First Name | Middle Name | 2. Date of Birth | 3. Gender | 4. SSN |
| 5. Address (Number, Street) | | | 6. City | 7. State | 8. Zip Code |
| 10. Emergency Contact Person - Relationship - Address - Telephone Number | | | | | 9. Area Code - Phone Number () |
| | | | | | 11. Cell Phone Number () |

12. MEDICAL HISTORY: Have you ever had or been treated for (positive answers must be explained below):

| | | | | | | | | |
|---|--------------------------|------------------------------|---|--------------------------|------------------------------------|--------------------------|--------------------------|--|
| Yes | No | | Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Convulsions or Seizures | <input type="checkbox"/> | <input type="checkbox"/> | Cardiac Angiogram or ECHO | <input type="checkbox"/> | <input type="checkbox"/> | Herniated Disc or Sciatica |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | PFO Repair | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder Injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Concussion or Head Injury | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Elbow Injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Disabling Headaches | <input type="checkbox"/> | <input type="checkbox"/> | Asthma or Wheezing | <input type="checkbox"/> | <input type="checkbox"/> | Arm/wrist/hand Injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of Balance/Dizziness | <input type="checkbox"/> | <input type="checkbox"/> | Coughing up Blood | <input type="checkbox"/> | <input type="checkbox"/> | Hip/Leg/Ankle Injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe Motion Sickness | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | Knee Injury or "Trick Knee" |
| <input type="checkbox"/> | <input type="checkbox"/> | Unconsciousness | <input type="checkbox"/> | <input type="checkbox"/> | Shortness of Breath | <input type="checkbox"/> | <input type="checkbox"/> | Foot Trouble or Injuries |
| <input type="checkbox"/> | <input type="checkbox"/> | Fainting Spells | <input type="checkbox"/> | <input type="checkbox"/> | Chronic Cough | <input type="checkbox"/> | <input type="checkbox"/> | Dislocations |
| <input type="checkbox"/> | <input type="checkbox"/> | Wear Contacts/Glasses | <input type="checkbox"/> | <input type="checkbox"/> | Pneumothorax | <input type="checkbox"/> | <input type="checkbox"/> | Swollen Joints |
| <input type="checkbox"/> | <input type="checkbox"/> | Color Vision Defect | <input type="checkbox"/> | <input type="checkbox"/> | Lung Disease or Surgery | <input type="checkbox"/> | <input type="checkbox"/> | Broken Bones or Fractures |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye Disease or Injury | <input type="checkbox"/> | <input type="checkbox"/> | Gallbladder Disease or Stones | <input type="checkbox"/> | <input type="checkbox"/> | Varicose Veins |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye Surgery | <input type="checkbox"/> | <input type="checkbox"/> | Stomach Trouble or Ulcers | <input type="checkbox"/> | <input type="checkbox"/> | Muscle Disease or Weakness |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing Loss | <input type="checkbox"/> | <input type="checkbox"/> | Stomach Bleeding | <input type="checkbox"/> | <input type="checkbox"/> | Numbness or Paralysis |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear Disease or Injury | <input type="checkbox"/> | <input type="checkbox"/> | Frequent Indigestion | <input type="checkbox"/> | <input type="checkbox"/> | Sleep Disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear Surgery | <input type="checkbox"/> | <input type="checkbox"/> | Jaundice | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | Perforated Eardrum | <input type="checkbox"/> | <input type="checkbox"/> | Liver Disease or Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | Goiter or Thyroid Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty Clearing | <input type="checkbox"/> | <input type="checkbox"/> | Rectal Bleeding/Blood in Stools | <input type="checkbox"/> | <input type="checkbox"/> | Blood Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Nose Bleed | <input type="checkbox"/> | <input type="checkbox"/> | Hemorrhoids (Piles) | <input type="checkbox"/> | <input type="checkbox"/> | Anemia: Sickle Cell or Other |
| <input type="checkbox"/> | <input type="checkbox"/> | Airway Obstruction | <input type="checkbox"/> | <input type="checkbox"/> | Gas Pains | <input type="checkbox"/> | <input type="checkbox"/> | Skin Rash or Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Hay Fever or Allergies | <input type="checkbox"/> | <input type="checkbox"/> | Crohn's Disease/Ulcerative Colitis | <input type="checkbox"/> | <input type="checkbox"/> | Staph Infections |
| <input type="checkbox"/> | <input type="checkbox"/> | Chest Pain | <input type="checkbox"/> | <input type="checkbox"/> | Rupture or Hernia | <input type="checkbox"/> | <input type="checkbox"/> | Tumor or Cancer |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Murmur | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> | Claustrophobia |
| <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Stones | <input type="checkbox"/> | <input type="checkbox"/> | Mental Illness/Depression/Anxiety |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Attack | <input type="checkbox"/> | <input type="checkbox"/> | Protein, Sugar or Blood in Urine | <input type="checkbox"/> | <input type="checkbox"/> | Nervous Breakdown |
| <input type="checkbox"/> | <input type="checkbox"/> | Abnormal Heart Rhythm | <input type="checkbox"/> | <input type="checkbox"/> | Joint Pain/Arthritis | <input type="checkbox"/> | <input type="checkbox"/> | Any Sexually Transmitted Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | Back Strain or Injury | <input type="checkbox"/> | <input type="checkbox"/> | Contagious Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac Stent or Angioplasty | <input type="checkbox"/> | <input type="checkbox"/> | Spine Problems | <input type="checkbox"/> | <input type="checkbox"/> | Other Illness, Injury or Medical Condition |
| <input type="checkbox"/> For Females ONLY | | <input type="checkbox"/> | <input type="checkbox"/> Painful Menses | | | | | |
| <input type="checkbox"/> Irregular Menses | | <input type="checkbox"/> | <input type="checkbox"/> Pregnancy | | Last Menstrual Period _____ | | | |

PLEASE EXPLAIN THE DETAILS OF EACH ITEM CHECKED YES

13. LIST ALL SURGERIES _____ YEAR _____

14. LIST ALL HOSPITALIZATIONS _____ YEAR _____

15. LIST ALL INJURIES _____ YEAR _____

16. LIST ALL MEDICATIONS, PRESCRIPTION OR OVER THE COUNTER _____

| | | | | | | |
|--|--|-----|----|--|-----|----|
| 17. ANSWER THE FOLLOWING QUESTIONS: | | YES | NO | | YES | NO |
| Do you have any physical defects or any partial disabilities? | | | | Have you ever resigned, been terminated, or changed jobs for medical reasons? | | |
| Have you ever been rejected or rated for insurance, employment, license, or armed forces for health reasons? | | | | Have you ever been dismissed from employment because of excess use of drugs or alcohol? | | |
| Have you ever had illnesses, injuries, or lost time accidents from any work that you have done? | | | | Do you have any allergies or reactions to food, chemicals, drugs, insect stings, or marine life? | | |
| Have you been advised to have a surgical operation or medical treatment that has not been done? | | | | Are you presently under the care of a physician? Give physician's name and address on the next page. | | |

COMMENTS: _____

18. My Personal Physician is: Name _____
 Address _____
 City, State _____
 Phone Number _____

19. Multiplace Chamber History How long have you been an inside attendant? _____

20. DIVING EXPERIENCE (years experience): 21. NUMBER OF DECOMPRESSION INCIDENTS

| | |
|--|---|
| Recreational _____ Commercial _____ | If none, put 0 (zero) List any residuals Bends, pain only _____ Bends, neurological _____ Ctokes _____ Inner ear _____ |
|--|---|

22. IN DIVING HAVE YOU HAD A HISTORY OF: (Provide details of dates and severity)

| | Yes | No | Details | | Yes | No | Details |
|-------------------|--------------------------|--------------------------|---------|-----------------------|--------------------------|--------------------------|---------|
| Gas Embolism | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Near Drowning | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Oxygen Toxicity | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Asphyxiation | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Ear/Sinus Squeeze | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Vertigo (Dizziness) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Ear Drum Rupture | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Pneumothorax | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Deafness | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Nitrogen Narcosis | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Lung Squeeze | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Loss of Consciousness | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

23. Have you had any decompression sickness or gas embolism since your last physical examination? Yes No

Date of last physical examination: _____ Name of provider who performed your last exam _____

Address of Physician _____
 City, State _____

24. Have you ever had any of the following? If so, give approximate date:

| | Yes | No | Give Date | | Yes | No | Give Date |
|--------------------|--------------------------|--------------------------|-----------|----------------------------|--------------------------|--------------------------|-----------|
| Chest X-Ray | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Pulmonary Function Studies | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Back (Spine) X-Ray | <input type="checkbox"/> | <input type="checkbox"/> | _____ | EKG | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Audiogram | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Exercise (Stress) EKG | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

25. Physician Remarks: _____

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT LEAVING OUT OR MISREPRESENTING FACTS CALLED FOR ABOVE MAY BE CAUSE FOR REFUSAL OF EMPLOYMENT OR SEPARATION FROM THE COMPANY. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE COMPANY MEDICAL EXAMINER WITH A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY PHYSICAL EXAM.

 Date Signature

UHMS PHYSICAL EXAMINATION FORM

| | | | | | | | | | | | |
|-------------------------------|--|---------------------|------------|--|-------------|--------------------------------|--------|-----------------------|--|--|--|
| Employer | | Date | | Date of Birth | | Age | | | | | |
| 1. Last Name | | | First Name | | Middle Name | | 2. SSN | | | | |
| 3. Height (inches) | | 4. Weight (pounds) | | 5. Body Fat (%) (Optional) | | 6. BMI (Optional) | | | | | |
| 7. Temperature | | 8. Blood Pressure / | | 9. Pulse/Rhythm | | 10. General Appearance/Hygiene | | 11. Build | | | |
| 12. Distant Vision: | | | | 13. Near Vision: Jaeger | | | | Near Vision Corrected | | 14. Color Vision (Test Performed and Results) | |
| R. 20/ | | Corr. to 20/ | | R. 20/ | | R. 20/ | | | | | |
| L. 20/ | | Corr. to 20/ | | L. 20/ | | L. 20/ | | | | | |
| 15. Field of Vision (Degrees) | | | | R | | ° | | L | | ° | |
| | | | | | | | | | | 16. Contact Lenses | |
| | | | | | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| NORMAL | | ABNORMAL | | Check each item in appropriate column (enter NE for Not Evaluated) | | | | | | REMARKS | |
| | | | | 17. Head, Face, Scalp | | | | | | | |
| | | | | 18. Neck | | | | | | | |
| | | | | 19. Eyes | | | | | | | |
| | | | | 20. Ears – General (internal and external canal) | | | | | | | |
| | | | | 21. Eustachian Tube Function | | | | | | | |
| | | | | 22. Tympanic Membrane | | | | | | | |
| | | | | 23. Nose (Septal Alignment) | | | | | | | |
| | | | | 24. Sinuses | | | | | | | |
| | | | | 25. Mouth and Throat | | | | | | | |
| | | | | 26. Chest | | | | | | | |
| | | | | 27. Lungs | | | | | | | |
| | | | | 28. Heart (Thrust, Size, Rhythm, Sounds) | | | | | | | |
| | | | | 29. Pulses (Equality, etc.) | | | | | | | |
| | | | | 30. Vascular System (Varicosities, etc.) | | | | | | | |
| | | | | 31. Abdomen and Viscera | | | | | | | |
| | | | | 32. Hernia (All Types) | | | | | | | |
| | | | | 33. Endocrine System | | | | | | | |
| | | | | 34. G-U System | | | | | | | |
| | | | | 35. Upper Extremities (Strength, ROM) | | | | | | | |
| | | | | 36. Lower Extremities (Except Feet) | | | | | | | |
| | | | | 37. Feet | | | | | | | |
| | | | | 38. Spine | | | | | | | |
| | | | | 39. Skin, Lymphatics | | | | | | | |
| | | | | 40. Anus and Rectum | | | | | | | |
| | | | | 41. Sphincter Tone | | | | | | | |

NEUROLOGICAL EXAMINATION

42. CRANIAL NERVES

| | | NORMAL | ABNORMAL | NE |
|-----|------------|--------|----------|----|
| I | Olfactory | | | |
| II | Optic | | | |
| III | Oculomotor | | | |
| IV | Trochlear | | | |
| V | Trigeminal | | | |
| VI | Abducens | | | |

| | | NORMAL | ABNORMAL | NE |
|------|------------------|--------|----------|----|
| VII | Facial | | | |
| VIII | Auditory | | | |
| IX | Glossopharyngeal | | | |
| X | Vagus | | | |
| XI | Spinal Accessory | | | |
| XII | Hypoglossal | | | |

43. REFLEXES

| | DEEP TENDON | | | | | | | | | | |
|----------|-------------|---|---|---|-------|---|---|---|---|---|-------------------------------------|
| | Left | | | | Right | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | |
| Triceps | | | | | | | | | | | Babinski Hoffman Ankle Clonus |
| Biceps | | | | | | | | | | | |
| Patella | | | | | | | | | | | |
| Achilles | | | | | | | | | | | |

| | PATHOLOGICAL | | | | | SUPERFICIAL | | |
|---------------|--------------|--------|---------|--------|--|-------------|--------|----|
| | Left | | Right | | | Present | Absent | NE |
| | Present | Absent | Present | Absent | | | | |
| Upper Abdomen | | | | | | | | |
| Lower Abdomen | | | | | | | | |
| Cremasteric | | | | | | | | |

44. CEREBELLAR FUNCTION

| | 0 | 1 | 2 | 3 | 4 |
|------------------------|--------|---|----------|---|---|
| Ataxia | | | | | |
| Tremor (intention) | | | | | |
| | Normal | | Abnormal | | |
| Finger to Nose | | | | | |
| Heel to Shin (Sliding) | | | | | |

45. MUSCLE STRENGTH

| | 1 | 2 | 3 | 4 | 5 | Normal | Abnormal |
|-----------------------|---|---|---|---|---|--------|----------|
| Right Upper Extremity | | | | | | | |
| Left Upper Extremity | | | | | | | |
| Right Lower Extremity | | | | | | | |
| Left Lower Extremity | | | | | | | |

46. PROPRIOCEPTION

| | Left | | Right | |
|----------------------|--------|----------|--------|----------|
| | Normal | Abnormal | Normal | Abnormal |
| Joint Position Sense | | | | |
| Stereognosis | | | | |
| Vibratory Sensation | | | | |

47. NYSTAGMUS

| | Present | Absent |
|------------------------|---------|--------|
| End Point Lateral Gaze | | |
| Pathological | | |

48. SENSATION

| | Normal | Abnormal |
|------|--------|----------|
| Hot | | |
| Cold | | |

| | Normal | Abnormal |
|-------|--------|----------|
| Soft | | |
| Sharp | | |

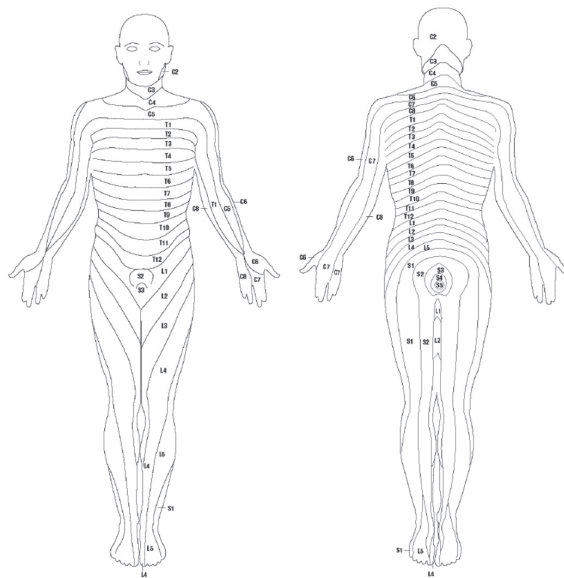
Two Point Discrimination

| | Normal | Abnormal |
|--|--------|----------|
| | | |
| | | |

49. ROMBERG

| | Absent | Present |
|--|--------|---------|
| | | |
| | | |

50. MISCELLANEOUS REMARKS



LABORATORY FINDINGS

51. Urinalysis

Color _____
 Appearance _____
 Specific Gravity _____
 pH _____

Sugar _____
 Blood _____
 Ketones _____
 Bilirubin _____
 Protein _____

| | 0 | 1+ | 2+ | 3+ | 4+ |
|-----------|---|----|----|----|----|
| Sugar | | | | | |
| Blood | | | | | |
| Ketones | | | | | |
| Bilirubin | | | | | |
| Protein | | | | | |

53. Pulmonary Function

FVC _____
 FEV1 _____
 FEV1/FVC _____

52. Blood Tests

(attach reports) Notes

CBC Normal Abnormal _____
 Sickle Cell Positive Negative _____
 CMP Normal Abnormal _____

54. X-rays

Chest Normal Abnormal _____
 Lumbar Spine Normal Abnormal _____

55. Electrocardiogram

Static _____
 Exercise Stress _____

56. Audiogram

| Hz | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |
|-------|-----|------|------|------|------|------|------|
| Left | | | | | | | |
| Right | | | | | | | |

57. Drug Screen Not collected
 Collected, results sent to employer

Work Status

Fit for work as an inside attendant

Cleared with restrictions _____

Further evaluation needed _____

Unfit _____

Comments: _____

Examiner Signature _____

Examiner Name _____

Address _____

Phone Number _____

Date of Examination _____



UHMS Work History Form

Name _____ Position Applied For _____

START WITH IMMEDIATE PREVIOUS JOB

PLEASE INDICATE ANY HYPERBARIC OR HYPOBARIC EXPOSURE

Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____

Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____

Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____

Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____

Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____

Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____

Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____



UHMS FITNESS FOR DUTY REPORT

NAME _____ DATE _____

JOB TITLE _____

Examination: Initial
 Periodic
 Other: _____

The following medical recommendation is based on a review of the history, physical examination and any ancillary testing. This recommendation is for the specific job title listed above.

STATUS

- Employable without accommodation
- Employable without accommodation pending drug screen | x-rays | lab work
- Employable with accommodation if accommodations are available:

- Employable with accommodation if accommodations are available pending drug screen | x-rays | lab work

- Medical Hold:

- Does not meet job requirements even with accommodations:

I have been informed of all medical findings and authorize the release of the history, physical exam and test results to the employer.

Signature of Employee/Applicant

 Licensed Practitioner

 Hyperbaric Specialist