

# DIVING AND DIABETES

## Section A .... to be completed by the diver

Please read the introduction and instructions on the back of this form, complete all the sections, ensuring your physician in charge also fills in section B. Make sure all the signatures are obtained and return the whole form to Dr Chris Edge (address on the back page)

GENERAL INFORMATION .... name and address details

|                       |  |
|-----------------------|--|
| Name of diabetic      |  |
| Address of diabetic   |  |
| Home phone/fax number |  |
| Work phone/fax number |  |

Medical personnel .... name and address details

|                                   |  |
|-----------------------------------|--|
| Name of physician in charge       |  |
| Address of physician in charge    |  |
| Phone/fax of physician in charge  |  |
| Name of general practitioner      |  |
| Address of general practitioner   |  |
| Phone/fax of general practitioner |  |
| Name of medical referee           |  |
| Address of medical referee        |  |
| Phone/fax of medical referee      |  |

GENERAL INFORMATION cont.

|   |                         |  |
|---|-------------------------|--|
| Gender  | M                  F    | Affiliation<br>BSAC   SAA   SSAC   |
| Date of birth                                       |                         | Membership<br>Number & branch  |
| Are you new to the sport<br>If yes go to question 5 | Yes                  No | Are your dives made ....<br>All the year round<br>Summer only<br>Here in the UK<br>Only abroad |

DIVING INFORMATION

|  |  |   |
|--|--|---|
| 1. Year of first dive                                  |  | 4a. If you have been an active diver in the last 12 months please tell us how many dives at each depth range<br><br>0 - 10 metres ..... More than 30 metres .....<br><br>11 - 20 metres ..... Number of dives with a compulsory deco stop .....<br><br>21 - 30 metres |
| 2. How many dives have you made in your diving career? |  |   |
| 3. Date of last dive                                   |  |   |
| 4. How many dives have you made in the last 12 months? |  |   |

HEALTH INFORMATION

|   |           |    |
|---|-----------|----|
| 5. Have you been admitted to hospital for a diabetic condition in the last year? If yes please tell us about it on a separate piece of paper                                  | Yes       | No |
| 6. Have you experienced any episodes of hypoglycaemia in the last year and in what circumstances did these occur? If yes please tell us about it on a separate piece of paper | Yes       | No |
| 7. Have you had an annual checkup at the diabetic clinic involving eyes, nervous system, kidneys and glycosylated haemoglobin or fructosamine level?                          | Yes       | No |
| 8. What portable glucometer do you use and how often do you calibrate it?   |           |    |
| 9. Who undertakes the majority of your diabetic care?   | Hospital  |    |
|   | GP        |    |
| 10. Do you check blood glucose pre and post dive?   | Always    |    |
|   | Sometimes |    |
|   | Never     |    |
| 11. Do you eat or drink as appropriate pre dive?  | Yes       | No |
| 12. Have you had any incidents due to low blood sugar in the last year? If yes please explain the circumstances and the outcome on a separate piece of paper                  | Yes       | No |

MORE INFORMATION ABOUT YOU

|   |        |                              |
|---|--------|------------------------------|
| 13. When was diabetes first diagnosed (year) and under what circumstances?  |        |                              |
| 14. Do you smoke?<br><br>14a If yes please indicate how many a day  | Yes    | No                           |
| 15. Do you regularly consume alcohol<br><br>15a If yes please indicate your average weekly consumption  | Yes    | No                           |
| 16. Women only to answer this question ..... Does the control of your diabetes differ in relation to your menstrual cycle? If yes please tell us how on a separate piece of paper   | Yes    | No                           |
| 17. Do you take fluids before you dive?   | Yes    | No                           |
| You should carry the following in your dive kit .....   |        |                              |
| a. Oral glucose tablets or a tube of glucose paste<br>b. Emergency intramuscular injection of glucagon<br>c. Glucose oxidise sticks together with the necessary glucometer kit and CLEAR instructions for the use of such a kit |        |                              |
| 18. Do you carry all or any of the above with you to the dive site or on the boat? Please indicate by putting a. b. c. by your answer   | Always | Sometimes<br>Never           |
| 19. Is there always someone in the dive party who is able to use and administer the glucose tablets and intramuscular injection of glucagon?  | Yes    | No                           |
| 20. What do you carry in the form of glucose underwater? ..... Please define  |        |                              |
| 21. Do you know how to use glucose paste underwater?<br><br>if yes when did you last practice (date)<br>and how successful was the exercise, please define  | Yes    | No                           |
|   | Date   | successful<br>not successful |

**"BUDDY" INFORMATION**

|   |                                     |    |
|---|-------------------------------------|----|
| 22. Have you or your buddy experienced any problems of any nature during the course of these dives?<br>If yes please give us details on a separate piece of paper         | Yes                                 | No |
| 23. Do you consider that your diabetes has had any adverse effect on you or your buddy's diving during this year? If yes please give details on a separate piece of paper | Yes                                 | No |
| 24. Do you dive with the same buddy all the time?   | Yes                                 | No |
| 25. How well informed is your buddy (regular or otherwise) about your condition?  | Very well<br>Adequately<br>Not well |    |
| 26. How well informed is your club about your condition?<br><br>26a. When did you last give a lecture to your club on diabetes?.....Date.....                             | Very well<br>Adequately<br>Not well |    |

**Section B ..... to be completed by the Physician-in-charge**

**LONG-TERM DIABETIC CONTROL**

|  |      |                 |      |
|--|------|-----------------|------|
| 1. What is the diabetic's medication regime  |      |                 |      |
| 2. When was the medication last changed  | Date |                 |      |
| 3. Have any episodes of hypoglycaemia occurred in the last year and in what circumstances did these occur? If yes please indicate the date and tell us about it on a separate piece of paper   | Yes  | No              | Date |
| 4. Has the diabetic been hospitalised within the last year for any condition relating to diabetes? If yes please indicate the date and tell us about it on a separate piece of paper   | Yes  | No              |      |
| 5. What is the current %HbA <sub>1c</sub> or fructosmine level, and what date was the test?  | %    | Date            |      |
| 6. Is microalbuminuria present, and what date was the last test? (NB The committee realises that some physicians may consider this test controversial. However, references 1 - 5 (vide infra) indicate that the test may be a predictor of renal failure and increased mortality. Therefore this test should be carried out) | Yes  | No              | Date |
| 7. What degree of retinopathy is present and when was this last checked?<br><br>7a. Has this person ever had laser treatment to the eyes?  | None | Mild background | Date |
|  | Yes  | No              | Date |
| 8. What degree of neuropathy is present and when was this last checked?  | Date |                 |      |
| 9. What degree of coronary, vascular or microvascular disease is present?  |      |                 |      |
| 10. Do you consider this person's level of diabetic control to be satisfactory?  | Yes  | No              |      |
| 11. Do you consider that this person is mentally and physically fit to undertake a sport that involves a degree of stress and exertion?  | Yes  | No              |      |

**Your cooperation in completing this form is greatly appreciated by the  
UK Sport Diving Medical Committee and Dr Chris Edge**

The diabetic's signature

Name (print)

Signature of branch DO

Name (print)

**For use by the physician in charge and the medical referee only**

Signature of the physician in charge

Name (print)

Date

Hospital/practice stamp

Signature of the medical referee

Name (print)

Date

References

1. Parving HH, Oxenboli B, Svendsen PAA, et al. "Early detection of patients at risk of developing diabetic nephropathy. A longitudinal study of urinary excretion", Acta Endocrinol. (Copenh) **100(1982)550-5**
2. Viberti GC, Jarrett RJ, & Mahmud U, "Microalbuminuria as a predictor of clinical nephropathy in insulin-dependent diabetes mellitus", Lancet **1(1982)1430-2**
3. Mogensen CE, "Microalbuminuria predicts clinical proteinuria and early mortality in maturity onset diabetes", N. Eng. J. Med **310(1984)356-60**
4. Jarrett RJ, Viberti GC, Argyropoulos A, et al. "Microalbuminuria predicts mortality in non insulin-dependent diabetics", Diabetic Med **1(1984)17-19**
5. Microalbuminuria Collaborative Study Group "Risk factors for the development of microalbuminuria in insulin dependent diabetic patients: a cohort study", Brit. Med. J. **306(1993)1235-9**

**INTRODUCTION AND INSTRUCTIONS**

To the diabetic diver .....

1. Answer all the questions in section A to the best of your ability by writing answers clearly or ticking the appropriate responses.
2. Take this whole form to your physician in charge for him/her to complete and sign
3. Obtain the signatures of your diving medical referee and also you branch DO
4. Send the whole form back to Dr Chris Edge, The Stone Barn, Gravel lane, Drayton, Nr Abingdon, Oxon. OX14 4HY or via e-mail to [cjedge@diver.demon.co.uk](mailto:cjedge@diver.demon.co.uk)

In due course Dr Edge will send you **section C** which you should then give to your branch Diving Officer