



Assessment of fitness for in-water training using category A PSTASS emergency breathing equipment

Instructions: Examinee – complete sections 1 and 2. Give form to examining doctor.
OGUK doctor – complete sections 3 to 6.

Section 1 – about you

Forename(s): _____ Surname: _____
Date of birth: _____
Address: _____
Your GP: _____
Your employer: _____
Your job title: _____

Section 2 – your medical history

Have you had in the past, or do you currently have, any of the following:

Yes No	Yes No	Yes No
<input type="radio"/> <input type="radio"/> Spontaneous pneumothorax (collapsed lung)	<input type="radio"/> <input type="radio"/> COPD (chronic obstructive pulmonary disease)	<input type="radio"/> <input type="radio"/> Pulmonary fibrosis
<input type="radio"/> <input type="radio"/> Traumatic pneumothorax	<input type="radio"/> <input type="radio"/> Emphysema	<input type="radio"/> <input type="radio"/> Cystic fibrosis
<input type="radio"/> <input type="radio"/> Asthma	<input type="radio"/> <input type="radio"/> Sarcoidis	<input type="radio"/> <input type="radio"/> Lung bullae or cysts
<input type="radio"/> <input type="radio"/> Reactive Airways Disease	<input type="radio"/> <input type="radio"/> Tuberculosis	<input type="radio"/> <input type="radio"/> Chest or 'open heart' surgery
		<input type="radio"/> <input type="radio"/> Any other chest or lung disease

	Yes No
Have you been unwell with a diagnosis of SARS-CoV-2 ('Covid-19' or 'coronavirus') infection, whether or not confirmed by testing?	<input type="radio"/> <input type="radio"/>
Have you had a positive PCR (swab) test for SARS-CoV-2 ('Covid-19' or 'coronavirus'), whether or not you had any symptoms?	<input type="radio"/> <input type="radio"/>
Have you had lung problems related to vigorous physical activity and/or immersion in water (including but not limited to non-immersion pulmonary oedema)?	<input type="radio"/> <input type="radio"/>
Are you currently using (or have you had to use in the past) inhalers/puffers for asthma, COPD or chest infections?	<input type="radio"/> <input type="radio"/>
Are you currently using any medications for a persisting ear, nose or throat condition? (Do not include common cold or hayfever.)	<input type="radio"/> <input type="radio"/>
Have you been advised to avoid swimming/immersion of your ears in water?	<input type="radio"/> <input type="radio"/>
Have you been advised to avoid diving because of any problem related to your ears, nose, sinuses or throat?	<input type="radio"/> <input type="radio"/>

Brief details of 'yes' answer(s):

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