



United States Apnea Association Medical Form

Athlete's Name: _____ Date: _____

Birth Date: _____ Age: _____ Sex: (Circle)

F _____ M _____

History – Chief Complaint and/or Purpose of Examination: _____

Pertinent Past Medical History: _____

Pertinent Family History: _____

Alcohol History: _____ Smoking History: _____

Allergies: _____

Medications: _____

Physical Conditioning: _____

Physical Exam: BP _____ Pulse _____ Resp _____ Temp _____ Ht _____ Wt _____

Findings:

Normal	Abnormal	COMMENTS
		General Appearance
		Mental Status
		HEENT
		Neck
		Chest
		Heart
		Vascular
		Abdomen
		Extremities
		Joints
		Neurological

Additional Findings and/or Comments: _____

_____ Significant Lab Tests and Studies (Only if indicated):

CBC _____	Chest X-Ray _____	EKG _____
Urinalysis _____	Sinus Films _____	Stress Test (EKG) _____
Liver Studies _____	Bone & Joint Survey _____	Pul Function _____
Diabetic Evaluation _____	Brain Scan _____	Hearing Test _____ Gross _____
		Audiogram _____
		EEG _____

Other Tests and/or Comments: _____

Impressions: _____

CONCLUSIONS

_____ Approval for Freediving
 _____ Disapproval for Freediving

Signature: _____ MD/DO
 Doctor's Name (print) _____
 Address: _____
 City: _____ State: _____ Zip: _____