The terms used in what follows shall have the following meanings:

“Agreement” shall mean the agreement herein between Ripley’s Aquarium of Canada and the Diver.
“Ripley’s Aquarium of Canada” shall mean Ripley’s Aquarium (Toronto) Inc. shall include its directors, servants, agents, employees, officers, and their respective successors and assigns.
“Diver” shall mean the person so designated whose name appears hereon and whose signature appears below.
“Diving Facility” shall mean the main tank, filter tanks and any and all exhibit tanks at the Ripley’s Aquarium of Canada facility in Toronto, Ontario, Canada, and shall include all the livestock, all the water therein and all objects whatsoever however constituted therein and thereabout.

READ THE FOLLOWING TERMS AND CONDITIONS COMPLETELY AND CAREFULLY;
THEY AFFECT YOUR LEGAL RIGHTS.

I, _____________________________ (the “Diver”) acknowledge and agree with Ripley’s Aquarium of Canada that:

1. I acknowledge that there are risks and dangers inherent to scuba diving, snorkeling and the entering into the Diving Facility which include, but are not limited to, death, dismemberment, paralysis, broken bones, cuts, abrasions, disfigurement, panic, mental and emotional distress and/or contact with the livestock and other objects in the Diving Facility. I also acknowledge that Ripley’s Aquarium of Canada is not an insurer of my safety. By signing this Agreement, I agree to accept all risks and dangers inherent to my activity in and around the Diving Facility and agree to assume full responsibility for any injuries or damages that may occur to me in, or about the Diving Facility.

2. Ripley’s Aquarium of Canada’s agents give neither a guarantee nor an assurance of the safety of the Diver’s person or the property at any time whilst the diver is in or about the Diving Facility.

3. The Diver has not entered into this Agreement and will not be using the Diving Facility (such use including entry to and exit from the Diving Facility) upon any reliance by the Diver upon any assurances expressed or implied given by Ripley’s Aquarium of Canada of the safety of the Diver’s person or property.

4. Ripley’s Aquarium of Canada will not be responsible to the Diver for any loss or injury whatsoever and howsoever caused to the Diver at any time whilst the Diver is using the Diving Facility (such use including entry to and exit from the Diving Facility) and whether such loss or damage is due to the negligence whether by act or omission of Ripley’s Aquarium of Canada or otherwise and whether or not such loss or injury is due to reliance by the Diver upon any instructions, directions, suggestions or advice or whatever given to the Diver by Ripley’s Aquarium of Canada and whether or not such loss or injury is caused Ripley’s Aquarium of Canada by any want of care in the design, construction, maintenance, management or control of the Diving Facility by Ripley’s Aquarium of Canada or by any person for whom Ripley’s Aquarium of Canada is jointly or severally liable.

5. That in respect of the Diver’s use of the Diving Facility including his/her entry to and exit from the Diving Facility and his/her swimming and submergence in the water thereof and his/her contact with the livestock therein or any objects therein of thereabout, Ripley’s Aquarium of Canada shall not be liable to the Diver for any loss or damage to the Diver’s person or property arising or resulting from any act or omission whatsoever whether such loss or injury is due to negligence or otherwise, or the loss or injury is due to any statements, information or advice or the loss or injury arises in relation to the design, construction, maintenance management or control of the Diving Facility.

6. Every exemption from liability, defense and immunity of whatsoever nature applicable to Ripley’s Aquarium of Canada or to which Ripley’s Aquarium of Canada is entitled under this Agreement shall also be available and shall extend to protect every one of its directors, servants, employees, officers, shareholders, and agents and their respective successors and assigns and for the purpose of this clause, Ripley’s Aquarium of Canada shall be or shall be deemed to be acting as agents or trustee on behalf of and for the benefit of all persons who are or might be its directors, servants, officers, employees, shareholders, and agents and their respective successors and assigns from time-to-time as well as on its own behalf and all such persons shall to this extent be or be deemed to be parties to this Agreement.

7. For myself, and for my heirs, executors, administrators, assigns, personal representatives and next of kin, I waive, release and forever discharge and hold harmless Ripley’s Aquarium of Canada from any and all claims, actions, liability, causes of action, demands, judgments, rights, costs, and expenses of whatever nature and kind I may have or may hereafter have or acquire including, but not limited to, personal injury, mental anguish or distress, death, property damage or loss arising out of, or in any way related to or connected with Ripley’s Aquarium of Canada and my activities in or about the Diving Facility.

BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE THAT YOU ARE WAIVING ANY RIGHTS YOU OR YOUR FAMILY MAY HAVE IF YOU ARE INJURED IN OR ABOUT THE DIVING FACILITY.

I HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE TERMS AND CONDITIONS AND, BY SIGNING BELOW, VOLUNTARILY AGREE TO BE BOUND TO THOSE TERMS.

I have read and understand this liability waiver. I have received a briefing describing the nature and risks of the dive I am about to undertake at Ripley’s Aquarium of Canada.

__________________________ _____________________________
Signature of Diver Date

__________________________ _____________________________
I, _____________________________ (for Ripley’s Aquarium of Canada) hereby witness that the Diver has read and Signed this Agreement.

Signature Date
I hereby state that I am in good health for SCUBA/snorkel diving and that I am able to swim. I have read the following list and I do not have any of the conditions listed. If I do have any of the conditions, I will have a medical release form signed by my physician or I will not be allowed to participate in the dive. If I am taking any medication I will obtain and follow medical advice before undertaking diving activities at Ripley’s Aquarium of Canada.

Please answer each of the following questions with a YES or NO.

If you answer YES to any question, you must have a medical release form signed by your physician or you will not be permitted to dive.

___ Could you be pregnant, or are you attempting to become pregnant?

___ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)

___ Are you over 45 years of age and can answer YES to one or more of the following?
  • Currently smoke a pipe, cigars or cigarettes?
  • Have a high cholesterol level?
  • Have a family history of heart attack or stroke?
  • Are currently receiving medical care?
  • High blood pressure?
  • Diabetes mellitus, even if controlled by diet alone?

Have you ever had or do you currently have…

___ Asthma, or wheezing with breathing, or wheezing with exercise?

___ Frequent or severe attacks of hay fever or allergy? Frequent colds, sinusitis or bronchitis?

___ Any form of lung disease?

___ Pneumothorax (collapsed lung)?

___ Other chest disease or chest surgery?

___ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?

___ Epilepsy, seizures, convulsions or take medications to prevent them?

___ Recurring complicated migraine headaches or take medication to prevent them?

___ Blackouts or fainting (full/partial loss of consciousness)?

___ Frequent or severe suffering from motion sickness (seasick, carsick, etc.?)

___ Dysentery or dehydration requiring medical intervention?

___ Any dive accidents or decompression sickness?

___ Inability to perform moderate exercise (example: walk one mile within 12 mins.)?

___ Head injury with loss of consciousness in the past five years?

___ Recurrent back problems?

___ Back or spinal surgery?

___ Diabetes?

___ Back, arm or leg problems following surgery, injury or fracture?

___ High blood pressure or take medication to control blood pressure?

___ Heart disease?

___ Heart attack?

___ Angina, heart surgery or blood vessel surgery?

___ Sinus surgery?

___ Ear disease or surgery, hearing loss or problems with balance?

___ Recurrent ear problems?

___ Bleeding or other blood disorders?

___ Hernia?

___ Ulcers or ulcer surgery?

___ A colostomy or ileostomy?

___ Recreational drug use or treatment for, or alcoholism in the past five years?

Provide the date of the last SCUBA dive you completed: ________________________________

Please enter your PADI Diver Number (can be found on your PADI card): __________________

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.

_________________________ Date ________________
Signature of Diver

PARENT/GUARDIAN CONSENT

I ___________________________ (print name) give permission for my son/daughter ___________________________ (print name) to dive at Ripley’s Aquarium of Canada.

_________________________ Date ________________
Signature of Parent/Guardian
PARTICIPANT

Please print legibly.

Name__________________________________________________________________________   Birth Date ________________  Age ________

First Initial Last Day/Month/Year

Mailing Address __________________________________________________________________________________________________________

City________________________________________________________________ State/Province/Region ________________________________

Country____________________________________________________________ Zip/Postal Code _____________________________________

Home Phone ( )________________________________________ Business Phone ( )______________________________________

Email _____________________________________________________ FAX_______________________________________________________

Name and address of your family physician

Physician __________________________________________________ Clinic/Hospital _____________________________________________

Address __________________________________________________________________________________________________________________

Date of last physical examination ________________

Name of examiner____________________________________________ Clinic/Hospital_______________________________________________

Address ________________________________________________________________________________________________________________

Phone ( )___________________________________ Email ________________________________________________________________

Were you ever required to have a physical for diving?   ☐ Yes   ☐ No   If so, when?________________________________________________

PHYSICIAN

This person is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant’s medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

Physician’s Impression

☐ I find no medical conditions that I consider incompatible with diving.

☐ I am unable to recommend this individual for diving.

Remarks____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

__________________________________________________ Date ____________________________  Day/Month/Year

Physician_____________________________________________

Clinic/Hospital_________________________________________

Address____________________________________________________________________________________________________

Phone ( )___________________________________ Email ____________________________________________________________
Guidelines for Recreational Scuba Diver’s Physical Examination

Instructions to the Physician:

Recreational SCUBA (Self-Contained Underwater Breathing Apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The RECREATIONAL SCUBA DIVER’S PHYSICAL EXAMINATION focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary over inflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk for decompression sickness, pulmonary or optic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. Relative Risk refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are temporary in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver’s status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone +1 919 684 8111 or +1 919 684 4DAN (collect). Related organizations exist in other parts of the world — DAN in Europe +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61 8 8212 9242, DAN Japan +81 33590 6501 and DAN Southern Africa +27 11 242 0380. There are also a number of informative websites offering similar advice.

NEUROLOGICAL

Neurological abnormalities affecting a diver’s ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to distinguish from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

Relative Risk Conditions

- Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations
- History of Head Injury with sequelae other than seizure
- Herniated Nucleus Pulpous
- Intracranial Tumor or Aneurysm
- Peripheral Neuropathy
- Multiple Sclerosis
- Trigeminal Neuralgia
- History of spinal cord or brain injury

Temporary Risk Condition

History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.

Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:

- History of seizures other than childhood febrile seizures
- History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)
- History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits

CARDIOVASCULAR SYSTEMS

Relative Risk Conditions

The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested mini-mum criteria for stress testing in such cases is at least 13 METS.* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver’s performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

* METS is a term used to describe the metabolic cost. The MET at rest is one, two METS is two times the resting level, three METS is three times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology, Clark, Prentice Hall, 1975.)
Exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline) are used to see if the person is asymptomatic and have normal spirometry before and after an exercise test. However, if the test indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should not be able to meet the performance criteria. 

Asthma indicates that for the risk of pulmonary barotrauma and decompression illness may impair cough, which could be life threatening if water is aspirated. Many interstitial diseases (causing increased airway resistance). Formal exercise testing may be helpful.

The pathologic process that necessitated should be addressed regarding the diver’s fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

* NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.

**Severe Risks**

Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomypathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

**PULMONARY**

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary over inflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: Asthma (reactive airway disease), Chronic Obstructive Pulmonary Dis-ease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and diving and hyperbaric medicine states that individuals with a pneumothorax should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory dis-ease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure causing increased airway resistance. Formal exercise testing may be helpful.

**Relative Risk Conditions**

- History of Coronary Artery Bypass Grafting (CABG)
- Percutaneous Balloon Angioplasty (PTCA) or Coronary Artery Disease (CAD)
- History of Myocardial Infarction
- Congestive Heart Failure
- Hypertension
- History of dysrythmias requiring medication for suppression
- Valvular Regurgitation

Pacemakers

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**Relative Risk Conditions**

- History of Asthma or Reactive Airway Disease (RAD)
- History of Exercise Induced Bronchospasm (EIB)
- History of solid, cystic or cavitating lesion
- Pneumothorax secondary to:
  - Thoracic Surgery
  - Trauma or Pleural Penetration
  - Previous Overinflation Injury

- Obesity
- History of Immersion Pulmonary Edema Restrictive Disease
- Interstitial lung disease: May increase the risk of pneumothorax

* Spirometry should be normal before and after exercise

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

**Severe Risk Conditions**

- History of spontaneous pneumothorax. Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).

- Impaired exercise performance due to respiratory disease.

**GASTROINTESTINAL**

Temporary Risks

As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

**Temporary Risk Conditions**

- Peptic Ulcer Disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.

**Relative Risk Conditions**

- Inflammatory Bowel Disease
- Functional Bowel Disorders

**Severe Risks**

Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

**Severe Risk Conditions**

- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastro esophageal reflux
- Achalasia
- Para esophageal Hernia

**ORTHOPAEDIC**

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopedic conditions of a degree sufficient to impair exercise performance may increase the risk.

**Relative Risk Conditions**

- Amputation
- Scoliosis must also assess impact on respiratory function and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical
cause of decompression may accelerate/escalate the progression).

Temporary Risk Conditions

¥ Back pain

HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

Relative Risk Conditions

¥ Sickle Cell Disease
¥ Polycythemia Vera
¥ Leukemia
¥ Hemophilia/Impaired Coagulation

METABOLIC AND ENDOCRINOLOGICAL

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual’s ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

Relative Risk Conditions

¥ Hormonal Excess or Deficiency
¥ Obesity
¥ Renal Insufficiency

Severe Risk Conditions

The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues. [See Guidelines for Recreational Diving with Diabetes at www/wrstc.com and www.diversalertnetwork.org.]

Pregnancy: The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

BEHAVIORAL HEALTH

Behavioral: The diver’s mental capacity and emotional make-up are important to safe diving. The diver must have sufficient learning abilities to grasp information presented to him by his guides, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The diver’s motivation to learn and his ability to deal with potentially dangerous situations are also crucial to safe scuba diving.

Relative Risk Conditions

¥ Developmental delay
¥ History of drug or alcohol abuse
¥ History of previous psychotic episodes
¥ Use of psychotropic medications

Severe Risk Conditions

¥ Inappropriate motivation to dive solely to please spouse, partner or family member, to prove oneself in the face of personal fears
¥ Claustrophobia and agoraphobia
¥ Active psychosis
¥ History of untreated panic disorder
¥ Drug or alcohol abuse

OTOLARYNGOLOGICAL

Equalization of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore non-compressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalize pressure or due to marked over pressurization during vigorous or explosive Valsalva maneuvers.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglottic structure must function normally to prevent aspiration.

Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

Relative Risk Conditions

¥ Recurrent otitis externa
¥ Significant obstruction of external auditory canal
¥ History of significant cold injury to pinna
¥ Eustachian tube dysfunction
¥ Recurrent otitis media or sinusitis
¥ History of TM perforation
¥ History of tympanoplasty
¥ History of mastoidectomy
¥ Significant conductive or sensorineural hearing impairment
¥ Facial nerve paralysis not associated with barotrauma
¥ Full prosthetodontic devices
¥ History of mid-face fracture
¥ Unhealed oral surgery sites
¥ History of head and/or neck therapeutic radiation
¥ History of temperomandibular joint dysfunction
¥ History of round window rupture

Severe Risk Conditions

¥ Monomeric TM
¥ Open TM perforation
¥ Tube myringotomy
¥ History of stapedectomy
¥ History of ossicular chain surgery
¥ History of inner ear surgery
¥ Facial nerve paralysis secondary to barotrauma
¥ Inner ear disease other than presbycusis
¥ Uncorrected upper airway obstruction
¥ Laryngectomy or status post partial laryngectomy
¥ Tracheostomy
¥ Uncorrected laryngocele
¥ History of vestibular decompression sickness
BIBLIOGRAPHY/REFERENCE


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13. Divers Alert Network S.E.A.P., P. O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166


15. South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, www.spums.org.au