

10. Date of Birth (As given in 10th exam certificate)

Date Month Year

11. Age (on current date)

Year Month Day

12. Sex [Put (✓) mark in the box as applicable to you]

Male Female

13. Nationality

[Put (✓) mark in the box as applicable to you]

Indian Others

If others, specify

14. Territory Code

[Put (✓) mark in the box as applicable to you]

Urban Rural

15. Category

[Put (✓) mark in the box as applicable to you]

Gen SC

ST OBC

16. Social Status

[Put (✓) mark in the box as applicable to you]

Service Ex-service Not applicable

17. Marital Status

[Put (✓) mark in the box as applicable to you]

Married Unmarried

18. Educational Qualifications

Qualification	Main Subjects	Year of Passing	% of marks	Name of the Board/university Code

DECLARATION

I hereby state that I have read and understood the rules and regulations of the training schedule and agree to abide by them. I also agree that in case of my failure to abide by the rules and regulations may result in termination of training and or forfeiture of fees deposited by me. I also undertake to indemnify Sea Explorers' Institute, Underwater Diving School, it's members, staff and faculty against any liability arising out of any accident and or incident that may result in injury, disability or even death.

.....
Date

.....
(Signature of the Student)

Application Form can be submitted by Regd. Post / Speed Post at * The Secretary General, Sea Explorers' Institute, Outram Ghat, Kolkata – 700 021 . (033 2248 7585 (033 2248 8468 (Fax), you may visit : www.seiindia.org and download the application form.

CHECKLIST

Tick (✓) the relevant boxes, affixed photographs and sign over it, attach the following :

- i) Certificate in support of educational qualification(s)
- ii) Movement order wherever required (*For Defense personnel only*)
- iii) Age proof certificate, wherever required
- iv) Category for SC/ST/PH candidates, wherever required
- v) 2 copies stamp size photograph (*Defense personnel with uniform*)
- vi) Medical form
- vii) Physical Verification form

Sea Explorers' Institute

Kolkata

NAME _____ Date of Birth _____

TO THE APPLICANT

PHYSICAL EXAMINATION REQUIREMENT

Diving requires you to be in top physical condition. The effects of cold water, pressure, waves, current, etc., are a constant strain on the body. A physical examination is necessary before you start, and should be followed up every twelve months.

MEDICAL HISTORY

1. Have you had any previous diving experience? _____ Have you done any flying? _____ If so, did you often have trouble equalizing pressure in your ears or sinuses? _____ Do you experience unusual discomfort in your ears at the bottom of a swimming pool? _____
2. Do you participate regularly in active sports? _____ If so, specify what sports (s)? _____ If not, indicate the type of exercise you normally do _____
3. Have you ever been refused insurance, rejected or discharged from the armed forces, or denied employment for medical reasons? _____ If so, explain why? _____
4. When was your last physical examination done? Month _____ Year _____ Last chest X-ray? Month _____ Year _____
5. Have you ever had an electrocardiogram? _____ and electroencephalogram (brain wave study)? _____
6. Do you have a history of asthma? _____ Do you have active asthma at present time? _____ If you answer "yes" to either question, please describe fully in the "remarks" section below.
7. Do you have history of back trouble or injury to your back/spine? _____ If so, describe fully in the "remarks" section below.
8. What is your blood group? _____
9. Do you suffer from allergies? _____ If so, specify the substances you are allergic to _____ Are you allergic to any group of drugs? _____ If so, specify the group of drugs.

ANSWER THE FOLLOWING YES OR NO

HAVE YOU HAD : (if answer is "yes", describe fully in "remarks" section below)

- | | |
|---|---|
| 10. Frequent colds or sore throat _____ | 28. Syphilis or gonorrhea _____ |
| 11. Hay fever or sinus trouble _____ | 29. Broken bone, serious sprain or strain, dislocated joint _____ |
| 12. Trouble breathing through nose. other than during colds _____ | 30. Rheumatism, arthritis or joint trouble _____ |

- | | |
|---|--|
| <p>13. Painful or running ear, mastoid trouble, broken ear drum _____</p> <p>14. Shortness of breath after moderate exercise _____</p> <p>15. Chest pain/persistent cough _____</p> <p>16. Spells of fast regular pounding heart-beat _____</p> <p>17. High or low blood pressure _____</p> <p>18. Any kind of heart trouble _____</p> <p>19. Frequent upset stomach, heartburn or indigestion, peptic ulcer _____</p> <p>20. Frequent diarrhea or blood in stool _____</p> <p>21. Stomach or back ache lasting more than a day or two _____</p> <p>22. Kidney or bladder disease; blood sugar or albumin in urine _____</p> <p>23. Recent gain or loss of weight or appetite _____</p> <p>24. Jaundice or hepatitis _____</p> <p>25. Tuberculosis _____</p> <p>26. Diabetes _____</p> <p>27. Rheumatic fever _____</p> | <p>31. Severe/frequent headaches _____</p> <p>32. Head injury causing unconsciousness _____</p> <p>33. Dizzy spells/fainting spells, or fits _____</p> <p>34. Trouble sleeping, frequent night mares, sleepwalking _____</p> <p>35. Nervous breakdown or periods of marked nervousness _____</p> <p>36. Dislike for closed-in spaces, large open spaces or high places _____</p> <p>37. Any neurological condition _____</p> <p>38. Train/sea or air sickness _____</p> <p>39. alcoholism, or any drug abuse or narcotic substance abuse _____</p> <p>40. Any serious accident, injury or illness not mentioned above? If so, describe _____
_____</p> <p>(Use additional sheet, if necessary)</p> <p>41. Are you HIV +? _____</p> |
|---|--|

REMARKS (Use additional sheets, if necessary)

I hereby certify that, to the best of my knowledge, I have answered all questions correctly and that I have disclosed all pertinent data in the "remarks" section to all applicable questions that I have answered "yes". I further understand that if I have failed to reveal any of my prior medical history, such omission could have an adverse effect on my employability as a Commercial Diver.

APPLICANT'S SIGNATURE _____ DATE _____

Sea Explorers' Institute

Kolkata

PHYSICAL VERIFICATION

APPLICANT'S NAME _____

AGE _____ HEIGHT _____ WEIGHT _____

CITY _____ STATE _____ PIN CODE _____

TO THE PHYSICIAN

This diver applicant intends to apply for training in commercial diving at our school.

All candidate diving personnel must undergo a thorough physical examination prior to being exposed to hyperbaric conditions. Subsequent to the initial examination, all diving personnel must be re-examined at 12-month intervals.

The examining physician should interpret any physical findings on the basis of the kind of occupation to which the applicant aspires. For example, training as an air diver requires less extensive examination than does a training as a saturation diver, but more extensive than that required for topside personnel. With this frame of reference, the applicant's cardiovascular, gastro-intestinal, genito-urinary and neuro-muscular systems should be assessed to determine if the physical examination necessitated by the type of diving planned will be harmful to the organ systems in question; and the condition of any organ system would make it difficult or impossible for the prospective diver to carry out the planned exercise or exertion.

OPTIONAL TESTS Additional laboratory procedures may be employed at the discretion of the examining physician depending upon the strenuousness of the anticipated diving operations. These may include : stress electro-cardiograph, tests demonstrating sensitivity to oxygen and carotid sinus sensitivities, full chest X-ray, pulmonary function tests (i.e., one second times vital capacity and tests for air-trapping), audiogram, radiographic examination for dysbaric osteonecrosis, special blood studies and electro-encephalography.

PHYSICIAN QUALIFICATIONS Preferably, the examining physician should be familiar with and experienced in physical requirements and medical aspects of compressed gas diving. In the absence of an examiner with knowledge of hyperbaric medicine, a physician who understands the need and purpose of the examination, and who has prior experience in examining individuals who will be exposed to strenuous work conditions and hazardous environments should make examinations. The examining physician should at least be a "MD".

CONTRAINDICATIONS

ABSOLUTE DISQUALIFICATION. Contraindications include :

1. Definite emotional instability or mental retardation.
2. Subject to faintness or blackout (i.e. epilepsy, brittle diabetes, dysrhythmias, synocopal attacks)
3. Subject to pneumothorax (i.e. previous pneumothorax, bleb, cystic or obstructive disease of the lungs)
4. Certain cardiac abnormalities (i.e. pathological heart block, valvular disease, inter-ventricular septal defects)
5. Active asthma.

RELATIVE DISQUALIFICATIONS

1. Diabetes
2. Gross obesity
10. Peptic ulcer
11. Chronic hepatitis

- | | |
|---|--|
| 3. History of neurological decompression sickness | 12. Sickle cell anaemia |
| 4. Perforation of tympanic membrane. | 13. Disabilities requiring certain medications for control |
| 5. Grossly impaired hearing | 14. Renal colic caused by kidney stones |
| 6. History of severe motion sickness | 15. Age |
| 7. Seriously impaired pulmonary function | 16. Pregnancy |
| 8. Pulmonary fibrosis | 17. Evidence of neurosis, recklessness, accident proneness, and panicky behaviour. |

TEMPORARY DISQUALIFICATION

- | | |
|--|---|
| 1. Acute alcoholism or substance abuse | 3. Acute infections of skin, upper respiratory tract, ear, etc. |
| 2. Acute gastrointestinal syndrome | 4. Recent incident of serious decompression sickness |

PHYSICIAN'S RECOMMENDATION

- I have reviewed the applicant's medical history from attached herewith, and I have examined the applicant and have found no defects, which I consider to be incompatible with diving,
- CONDITIONAL APPROVAL (Explain why) _____

- DISAPPROVAL : The applicant has defects, which, in my opinion, clearly would constitute unacceptable hazards to his health and safety in diving.

PHYSICIAN'S SIGNATURE _____ TELEPHONE No. _____

DATE _____ REGISTRATION NUMBER _____

PHYSICIAN'S NAME & ADDRESS (Please print) _____
