

This list is indicative but not necessarily exhaustive. Individual affections must be addressed on a case-by-case basis, and when possible, after a specialised opinion. Decisions should be made in light of diver experience and condition (beginner, confirmed diver or instructor). In case of disagreement, the final decision must be made by the Regional Medical Commission, with a possibility of appeal to the National Medical Commission (CMPN).

	<b>Definitive contraindications</b>	<b>Temporary contraindications</b>
<b>Cardiovascular conditions</b>	Congenital heart disease. Symptomatic heart failure. Obstructive cardiomyopathy. Risk of syncope. Paroxysmal arrhythmia. Non pacing 2 <sup>nd</sup> degree or complete AV block. Hereditary hemorrhagic telangiectasia (Rendu-Osler)	Uncontrolled systemic blood pressure. Coronary artery disease : evaluation required (*) Pericarditis. Antiarrhythmic treatment, Beta blocker treatment : evaluation required (*) Right-to left shunt evidenced after a cerebral or vestibular form of decompression sickness : evaluation required (*)
<b>Ear, Nose and Throat conditions</b>	Unilateral hearing loss. Mastoidectomy. Ossiculoplasty. Tracheostomy. Laryngocele. Bilateral deafness : requires audiometric exploration. Otospongiosis. Fracture of the petrous temporal bone. Uni or bilateral labyrinthis destruction. Perilymph fistula. Uncompensated vestibular deficiency.	Otologic surgery. Acute ENT infection. Nasal-sinus polyposis. Tubo-tympanic disorders leading to alterno-baric vertigo. During or right after a vertigo. Unexplored vertigo. Vestibular deficiency > 50 % : 6 months. Punctured eardrum (and transtympanic aerators).  Right-to left shunt evidenced after a vestibular form of decompression sickness : evaluation required (*)
<b>Pneumology</b>	Respiratory failure Interstitial fibrosis Pulmonary vasculitis Asthma : evaluation required (*) Spontaneous pneumothorax, or after surgery for subpleural emphysemal blebs : evaluation required (*) Other major lung surgery.	Respiratory (in particular lower airway) infection. Pleurisy. Chest trauma.
<b>Ophtalmology</b>	Retinal, choroidal or papillar vascular disease unbalanced, likely to bleed. Keratoconus > stage 2. Hollow eye prosthesis or implant. For 3-4* divers or instructors : binocular vision < 5/10 or one eye vision < 1/10 if the other < 6/10	Acute diseases of the eyeball or its annexes until healing Photorefractive keratectomy and LASIK : 1 month. Phacoemulsification-trabeculectomy and vitreo-retinal surgery: 2 months. Corneal graft : 8 months. Topical beta blocker treatment : evaluation required (*) Severe cranial trauma : evaluation required.
<b>Neurology</b>	Epilepsy Severe neurological deficit syndrome. Repeated loss of consciousness Neuro-surgical, traumatic or ENT meningeal effraction wounds Cerebral palsy.	
<b>Psychiatry</b>	Severe psychiatric disorders Chronic alcoholism.	Antidepressant, anxiolytic, ant psychotic or hypnotic treatment. Acute alcohol intoxication.
<b>Hematological conditions</b>	Peripheral thrombopenia. Congenital thrombopathy. Repeated phlebitis and/or evidence of coagulopathy after work-up. Hemophilia : evaluation required (*)	Unexplored phlebitis.
<b>Gynecology</b>		Pregnancy
<b>Metabolic conditions</b>	Insuline-dependent diabetes mellitus : evaluation required(*) Oral hypoglycaemic treatment (other than biguanides). Severe metabolic or endocrinologic disorders	Tetanitis and/or spasmophilia.
<b>Dermatology</b>	Different disease entities may lead to temporary or definite contraindication depending on their intensity and/or associated respiratory, cardiovascular or neurological effects.	
<b>Gastrointestinal conditions</b>	Antireflux prosthesis.	Hiatal hernia or symptomatic gastro-oesophageal reflux : evaluation required.
Any treatment or drugs likely to affect behaviour may lead to contraindication		
The occurrence of a disease that list requires further review.		
Conditions marked with (*) require further evaluation, in these cases medical certification permitting diving can only be issued by a bonafide federal physician.		
Following decompression sickness, pulmonary barotrauma, oxygen recompression treatment or any other severe diving injury, scuba-diving may be resumed only after a positive opinion by a bonafide federal physician or a certified underwater medicine physician (in accordance with CMPN rules).		



## Médicale et de Prévention

### CERTIFICAT MEDICAL DE NON CONTRE-INDICATION A LA PRATIQUE DES ACTIVITES SUBAQUATIQUES

*Medical certificate of no-contraindication  
for the practice of underwater activities*

Je soussigné, Docteur :

*I, Medical Doctor :* .....

- certifie avoir pris connaissance de la liste des contre-indications à la pratique de la plongée sub-aquatique en scaphandre autonome établie par la Commission Médicale et de Prévention Nationale de la FFESSM,

*certify that I have read the list of scuba diving contraindications established by the Medical and Prevention Commission of the French underwater federation,*

- avoir examiné M, Mme, Mlle :

*having examined Mr, Mrs, Miss :* .....

Né(e) le :

*Date of birth :* .....

Demeurant à :

*Address :* .....

et déclare qu'il (elle) ne présente pas à ce jour de contre-indication cliniquement décelable à la pratique des activités sub-aquatiques.

*and attest he (she) does not present, as of this day, any clinically detectable contraindication for the practice of underwater activities.*

Fait le :

*Date :* .....

à :

*at :* .....

Signature et tampon (obligatoire).

*Signature and stamp (required).*

Le présent certificat, valable 1 an sauf maladie intercurrente ou accident de plongée, est remis en mains propres à l'intéressé(e) qui a été informé(e) des risques médicaux encourus.

*This certificate, valid for 1 year outside of any intercurrent illness or diving injury, is personally delivered to the applicant who has been duly informed of the potential medical risks.*

Informations au médecin signataire

Conformément à l'article L231-2 du code du Sport , la première délivrance d'une licence sportive est subordonnée à la production d'un certificat médical attestant l'absence de contre-indication à la pratique de l'activité physique ou sportive pour laquelle elle est sollicitée. Un renouvellement annuel du certificat médical est exigé par la FFESSM. La délivrance de ce certificat ne peut se faire qu'après un examen médical approfondi qui peut permettre le dépistage d'une ou plusieurs affections justifiant une contre indication temporaire ou définitive ; la liste indicative de ces affections établie par la Commission Médicale et de Prévention Nationale de la FFESSM figure au verso de ce certificat dont l'usage est fortement conseillé par la FFESSM .Si le recours à un Médecin Fédéral FFESSM ou spécialisé en Médecine subaquatique et hyperbare vous paraît souhaitable , la liste de ces médecins est disponible auprès des structures fédérales de la FFESSM ou en consultant les sites web régionaux accessibles à partir de [www.ffessm.fr](http://www.ffessm.fr)