Scuba Crew Leader’s Guide to Online Medicals
How to Create your Account
To begin you will receive an email from Sea Base inviting you to sign up for the Sea Base Medical Portal.

As mentioned above, each individual or parent will be responsible for completing their “Health Form” and “Scuba Participant Uploads.” We understand that you will most likely want to track the progress of your crew’s documents. You, as the Primary Adult Registrant, will have access to monitor the status of each crew members’ documents. Once you have invited your crew members to begin their medicals, their names and document status will appear on your “Group Roster” page.

Here’s the link to get started:

Below you will find the link to the Medical Submission Site. Please use this link along with the following directions to navigate through the site and begin your medical submission process.

-Select the link to the Online Sea Base Medical Submission Site

-Note: this link is not posted on our website. At this time, the medical site is only used for scuba participants and you must be invited to use the site.

Sea Base Medical Submission Site

Instructions to Complete the Online Medical

To log in:
1. Once you select the above link, you will be directed to a log in page
2. Select “Forgot your password?”
3. Enter your first name, last name and email address as listed above in this email and follow the prompts on the screen to create a password
4. Once you have created a password, log in with your email address and new password. Click “Sign In”

NOTE: Using a different email will not allow you to log in. If you need to change your email, you may do so after your initial log in.

To update your information:
Next, you will want to create your account using the email address where you received the initial invite email from Sea Base.

-How can you sign in if you don’t have a password? This is where you’ll create a password for your account.

-Select “Forgot your password” to create a password for your account.

-Note: you must use the email address where you received the invitation email to create your account.
Follow the prompts on the screen to create your profile

- Input your first name, last name and email address
- Note: the email address must match what Sea Base has on record
You will need to use the email address as to where you received your invite email.

-Once you have input your information, select “Next”
You will be directed to input a verification code. This will be sent to the email address you have provided.

- You will be emailed a verification code.
- This verification code will expire within an hour of being sent.
- If your verification code expires, you may simply send a new code.
You will receive a verification code via email. Use this code to verify your account.

- You will be emailed a verification code.
- Use this verification code to verify your online Sea Base medical account.
- Note: This is a sample verification code. You will be emailed a similar one specific to you. Do not try to use this exact verification code for your account.
Add your verification code to the online medical portal

-Input your unique verification code

-Once you have input your verification code, select “Next”
Next, you will be asked to select a security question and answer.
Once you have input your security questions and answer, select continue.

-Once you have selected your security questions and have provided an answer, select “Next”.
Now it’s time to create your password

- Follow the prompts on the screen to create a password that meets the criteria.
Once you have created your password, select next.
Select login to log into your account

-Select “Login” to log into your account now that you have created your password
You will be directed to the sign in screen

-Use the password you have just created and your email address to log into the Sea Base medical site
Use your email address and the password you have just created to log in. You have now created your Sea Base Medical account.

-Once you have input your credentials, select “Sign In”

-You have now created and logged into your account
How to Add & Invite Your Participants to Complete Their Online Medical
Begin by logging into your account

- Input your email address and password
- Select “Sign In”
Once you have signed in, you will be directed to the “My Account Dashboard” page.

-To begin to invite your crew members to complete their medicals, select “View Medicals”
Next, you will be selected to the “Manage Roster” page

Select “Manage Roster” to invite your crew members to complete their medical information.

-Note: if you have multiple crews you may have multiple “Manage Roster” buttons. Be sure to select the correct crew before proceeding.
You are now on the “Group Roster” page. This is where you will add & invite your participants

-You will see two items listed under your “Group Roster” page

-(1) You will see your name listed as an attendee

-(2) you will see a troop or unit listing
Select “Invite” to begin to invite your crew members

To invite participants to complete their medical, select “Invite” beside the troop or unit listing.

-Note: you cannot invite more than the maximum number of participants allowed for your crew type.
Once you have selected “Invite,” you will be directed to “Send Request Code”

- Select “Send Request Code” to send an automated email to the participant asking them to complete their medical information.
Here is where you will input the information for the individuals participating in the adventure:

- Input the participant’s full name (first and last is sufficient)
- Indicate if participant is a minor or adult
- If minor, input parent or guardian’s name
- If minor, input parent or guardian’s email address
Input the individual participant’s informatization. Note: if a minor, use the parent or guardian’s email address.

- Once you have input the participant’s information, select “Send Request”.
- You will have to complete this step for each participant.
Once you have sent a request code/invited a participant, you will see them added to your “Group Roster” page. 

- Once you have sent the request code, you will see the individual appear on your “Group Roster” page.

- Continue with this process until all crew members have been added.
To add an adult leader (or individual over the age of 18), be sure to select “Adult” when sending their request code.

- If adding an adult participant, be sure to indicate that they are an adult.
- Use the adult participant’s email address.
Once you have invited your entire crew, you will see all of your crew members listed on your “Group Roster” page.

- “Request code: xxxxxxxx (Not Responded)” indicates that you have sent the request code, but that the participant has not done anything with the information yet.

- A red bubble beside an individual indicates that they may have started their medical, but that it is not complete.

- A green bubble beside an individual indicates that they have completed their medical questionnaire.

- Note: a green bubble does not necessarily mean that ALL information is complete. They’re may still be more information needed.

- Once you have invited all of your participants, you should see them listed on your “Group Roster” page.

- Use this page to monitor the status of each participant’s medical form.

- The goal is to have a green bubble beside each individual participant.
How to Complete Your Medical as the Crew Leader if Attending
If you are attending Sea Base with your unit, you will need to complete a medical along with the rest of your crew.

- After you have logged in, navigate to your “Group Roster” page (see above directions).

- Locate your name on your roster.

- You will see a red bubble that says “Medical: Not Complete.”
Once you have located your name on the “Group Roster” page, select “Details” to the right of your name.
You will be directed to the “Registration Details” page

- The first step in completing your medical information is to complete your health form questionnaire (this is the same information as the BSA Medical Parts A & B)

- To complete this questionnaire, select “Health Form”

- Note: Be sure to pay attention to the due dates for your adventure. Keeping in line with the deadlines should prevent processing delays

<table>
<thead>
<tr>
<th>Registration Details</th>
<th>Itinerary #396</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Scout-Leader (Enrolled)</td>
<td>Edit Attendee</td>
</tr>
<tr>
<td>Florida Sea Base Sample-S050119A 05/01/2019 - 05/08/2019</td>
<td></td>
</tr>
</tbody>
</table>

**Sea Base Medical**

<table>
<thead>
<tr>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida National High Adventure Sea Base</td>
</tr>
<tr>
<td><a href="mailto:SeaBase.Medicals@Scouting.org">SeaBase.Medicals@Scouting.org</a></td>
</tr>
</tbody>
</table>

In order to prevent processing delays, please be sure to adhere to the deadlines for your adventure.

- The Health Form is due:
  - January 1st for Spring Crews
  - March 1st for Summer Crews
  - October 1st for Winter Crews
You will now be directed to the health form questionnaire. Please note, if you do NOT finish this in one setting the system will only save any written information - You will have to re-answer any “Yes” or “No” answer.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension (high blood pressure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult or Congenital Heart Disease/Heart Attack/Chest Pain (Angina)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Murmur/Coronary Artery Disease. Any heart surgery or procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family history of heart disease or any sudden heart-related death of a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>family member before age 50.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke/TIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung/Respiratory Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

-Select “Yes” or “No” as appropriate beside each medical condition.
Answer all questions completely and accurately

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Disorders/Sickle Cell Disease *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fainting Spells and Dizziness *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disease *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizures *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal/Stomach/Digestive Problems *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid Disease *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive Fatigue *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstructive Sleep Apnea/Sleep Disorders *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPAP: *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List all surgeries and hospitalizations *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List any other medical conditions not covered above *</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Once you have answered all questions, select “Continue”
You will be asked questions about dietary restrictions.

- Select “Yes” or “No” as appropriate beside each dietary need.
If you do have a dietary restriction or need, please complete this Dietary Notification Form.

-Once you have answered all questions, select “Continue”
Next, you will be asked about allergies

- Select “Yes” or “No” as appropriate beside each allergy
Note: this page is NOT asking if you take medication, it is asking if you have an allergy to any medication

-Once you have answered all questions, select “Continue”
You will now be asked scuba specific questions

-Select “Yes” or “No” as appropriate beside each medical condition

To the Participant:
The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities. Please answer the following questions on your past or present medical history with a YES or NO.

If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your Instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver’s Physical Examination to take to your physician.

NOTE:
We recognize that some of these questions are repetitive, the intent is to gather appropriate and specific information in alignment with both, the Boy Scouts of America and PADI.

Could you be pregnant, or are you attempting to become pregnant?  
Yes  No

Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)  
Yes  No

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  
Yes  No

Asthma, or wheezing with breathing, or wheezing with exercise?  
Yes  No

Frequent or severe attacks of hayfever or allergy?  
Yes  No
We recognize that some of these questions are repetitive. The intent is to gather a robust health history.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease? *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Heart attack? *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Angina, heart surgery or blood vessel surgery? *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sinus surgery? *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ear disease or surgery, hearing loss or problems with balance? *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Recurrent ear problems? *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Bleeding or other blood disorders? *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hernia? *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ulcers or ulcer surgery? *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>A colostomy or ileostomy? *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Recreational drug use or treatment for, or alcoholism in the past five years? *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you filling out this form for your child? *</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

- Once you have answered all questions, select “Continue”
Now you will be asked about any medication you take. Please only complete this section if you take medication regularly.

If you take medication regularly, select “Add Medication”

Note: you do NOT need to complete this section if you do NOT take medication.
If you do not take medication, you do not need to input any information on this page.

- Once you have added any medication you take (if applicable), select “Continue”.
Next, you will be asked administrative-type questions

-Answer all questions as thoroughly and accurately as possible

-If you do not finish the medical in one sitting, the system will remember any typed answer.
Note: only questions with a red asterisk are required.

Did your family physician conduct your last physical exam? *
Yes □

Physician Phone Number
123-456-7890

Physician Email
Sample@email.com

Were you ever required to have a physical for diving? *
No □

9 - Authorized/Non-Authorized Adults
Is the participant over the age of 18?
• Yes □
• No □

-Once you have answered all questions as thoroughly and accurately as possible, select “Continue”
You will now be directed to a release and sign page

-Read the release information provided on this page

-Be sure to scroll all the way to the bottom of the page

Boy Scouts of America Annual Health and Medical Record
Informed Consent, Release Agreement, and Authorization
(As referenced in Part A of the BSA Medical)

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant, Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. (If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.
Sign at the bottom of the page to complete your medical questionnaire

- Type your signature at the bottom of the page

Note: your signature must match the name on the account

- Example: if your name is “Jonathan Smith” but your name on the account is “John Smith,” you must sign as “John Smith”
Your signature must match the name on the account

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Diver's Alert Network (DAN) 6 West Colony Place Durham, NC 27705

Signature
Sample Scout-Leader

- Once you have added your electronic signature, select “Continue”

- Electronically signing this document completes your health form questionnaire
Once you have completed your medical, you have the option to download and print your medical form.

-If you would like to print a copy of the medical you have just completed, select “Download Health Form”.

-This is an optional step.
-If you choose to download a copy of your health form, you will receive an electronic PDF copy of your BSA medical and PADI Medical Statement.
Now that you have completed your health form questionnaire, it’s time to complete your additional documents. Please note: these documents may be uploaded at any time but are due no later than 30 days prior to your arrival.

- In addition to the online health form questionnaire, there are a few additional documents Sea Base need to collect.

- To view what needs to be submitted, select “Scuba Participant Uploads”.

In order to prevent processing delays, please be sure to adhere to the deadlines for your adventure.

The Health Form is due:
- January 1st for Spring Crews
- March 1st for Summer Crews
- October 1st for Winter Crews
Once you are on the “Form Uploads” page, you can see what additional documents are needed

-Note: only those items with red asterisks are required.

-Additionally, the documents that have the option to “download blank form” are specific to your adventure type and your account. Please use these documents when completing your information.
Note: One of the most common reasons we send documents back to the crew is an incomplete BSA Medical Part C. Please see the annotated version below and verify that **ALL** part of the BSA Medical Part C have been thoroughly completed by your physician prior to uploading this document.
Once you have successfully uploaded your documents, you will see a check mark appear beside the document.

- Once you have uploaded your documentation, select “Continue”
Once you have completed your medical questionnaire you will see a green bubble beside your name. Please note, indicates that the health form questionnaire has been complete. It does NOT give you the status of the uploaded documents.

-Note: the green bubble indicates that the health form questionnaire has been complete. It does NOT give you the status of the uploaded documents.

-Sea Base will contact the crew leader directly regarding the uploaded documents.
How to Add Another Family Member if They Are Attending
To add a family member who is attending Sea Base, you will want to add them to your existing account.

- Once you have logged onto your account, you will want to set up a family structure.
- To set up your family structure, select “My Profile”.

My Account Dashboard
Welcome to your Sea Base Medical Portal Dashboard! Please use the links below to navigate where you want to go.

- View Medicals: View and manage your medicals.
- My Profile: Modify your contact, family, and login information.
- Enter a Request Code: Activate a request code sent to you from your crew leader.
You will be directed to the “My Profile” page

- Before you set up your family structure, you will want to be sure your information is up to date.
- Select “Update My Info” to update information about yourself.
You will need to tell the online system what your family role is. This is how our system will know that you are authorized to complete medical information for your family members.

-Select the “My family role” drop down bar to select your family role.
Verify that the information on the screen is correct. If it is not, update the information before continuing.

- Once you have selected your family role and verified that the information on the screen is correct, select “Create” to create a family.
Now that you have created a family, it’s time to manage your family

-Select “Manage [your name] Family” to add a family member to your account
You will be directed to the “Update Family Account” page. You will see your name listed as a family member and the option to “Add Member”

- Select “Add Member” to add a member to your family
- This is how the online system will know that you are related and link your accounts
- If you have multiple family members, you will have to perform this step for each family member attending Sea Base
Add the family member who will be attending Sea Base

- Input the information for your family member attending Sea Base.

- Note: the email address for a family member is optional.
If you have multiple family members, you will need to repeat this step for each family member attending Sea Base.

-Once you have input your family member’s information, select “Create” to add this individual to your family.
You will now see the individual you have added as a member of your family.

- Once you have added your family member(s), select “My Account” to navigate back to the “My Account Dashboard” page.
Now that you have created a family member, you will need a request code to access their medical form.

- Select “View Medicals” to retrieve the request code needed to access your new family member’s medical form.
Select “Manage Roster” to view your entire crew

-Select “Manage Roster” to access the request code for your new family member
Locate your family member’s name on your “Group Roster” page and the request code beside their name.

- Locate your family member’s name on your “Group Roster”
- Locate the request code to the right of your family member’s name
- Copy this request code
Once you have copied the request code for your family member, navigate back to the “My Account” page.

-Now that you have your family member’s request code, select “My Account” to navigate back to the “My Account” page.
Now that you have your family member’s request code, it’s time to use it.
You will be directed to the “Attendee Request Code Entry” page

-Enter the request code unique to your family member
Enter the request code unique to your family member

-Once you have entered your family member’s request code, select “Continue”
Verify that the information on the screen is correct for the family member you are working with.

-Select “Continue”
Select your family member from the drop-down bar.

-Use the “Select an individual” drop-down bar to select your family member
Your family member will only appear on the drop-down bar if you have set up your family. If you skipped that step you will have to add them here.

-Select your family member from the drop-down bar

-Once you have selected your family member from the drop-down bar, select “Continue”
Input the information for your family member on the screen. Note: the email address is optional.

- Fill out the information for your family member.
Verify that the information on the screen is correct.

- Once you have filled out your family member’s information, select “Continue.”
You will now be directed to the health form questionnaire for your family member.

-This is the same type of questionnaire as the one you completed for yourself (if attending).

-Complete the health form questionnaire for your family member.
Now that you have completed your family member’s health form questionnaire, it’s time to complete their additional documents. Please note: these documents may be uploaded at any time but are due no later than 30 days prior to your arrival.

-To view what needs to be submitted, select “Scuba participant Uploads.”
Once you are on the “Form Uploads” page, you can see what additional documents are needed.

-Note: only those items with red asterisks are required.

-Additionally, the documents that have the option to “download blank form” are specific to your adventure type and your account. Please use these documents when completing your information.
Once you have successfully uploaded your family member’s documents, you will see a check mark appear beside the document.

- Once you have uploaded your family member’s documentation, select “Continue”
Once you have completed your medical questionnaire you will see a green bubble beside your name. Please note, indicates that the health form questionnaire has been complete. It does NOT give you the status of the uploaded documents.

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