



SSI PROTOCOL FOR DIVERS WITH DIABETES

Duke H. Scott, M.D.
SSI Medical Advisor

PREFACE

In 1995 the YMCA introduced the YSCUBA Protocol for Divers With Diabetes. The goal of the Protocol was to guide instructors in the safe scuba training of qualified diabetics. Until that time diabetes mellitus had been considered a contraindication for participating in scuba. It was well known in the diving community that many "closet" diabetics were safely diving. During the five years since its conception the Protocol has exceeded our expectations. Its use had enhanced the lives of many diabetics, allowing them to experience our planet's wondrous underwater world. YSCUBA instructors have embraced the Protocol and many consider the training of qualified diabetics as routine. The Protocol has also been adopted by many existing diabetic divers as a standard for safe diving. We are please to report that during this period no adverse events have been reported. Scuba Schools International (SSI) has adopted this protocol and will be working in conjunction with Dr. Duke Scott to implement the protocol.

Dr. Scott developed the protocol after consulting with many instructors, diving diabetics, diabetic athletes, and experts on diabetes. Once formalized, the protocol was reviewed by these same experts and deemed workable. Developing hypoglycemia (low blood sugar) while submerged is the primary hazard unique to the diabetic diver. Therefore, the focus of the protocol is preventing the diabetic from experiencing a hypoglycemic episode during a dive. The protocol is conservative and only targets diabetics with stable, well controlled disease. **The potential diver must be in good physical condition and willing to follow the protocol.**

Every person with diabetes is unique and minor adjustments in the protocol may be necessary to fit the needs of the individual diabetic scuba diver. However, such changes should be undertaken only with the advice and consent of the diabetic's personal physician. The diver's physician should have knowledge of scuba diving. If the protocol is followed accurately a diver with diabetes reduces the risk of becoming hypoglycemic during the prescribed scuba dives. As data is gathered, the protocol will be reviewed and/or revised as necessary, depending on the feedback received from scuba divers with diabetes.

Over the last five years several advances in the management of diabetes have been developed and/or become the standard of care. One of these is the insulin pump which, in selected individuals, has been found to provide tighter and more effective blood-sugar control. However, at this time the effect of water submergence and increased atmospheric pressure on the pump's function have not been determined. But the diabetic may participate in scuba by disconnecting the pump during a dive. The details of this should be worked out with the diabetic diver's physician. In addition, several new oral medications and forms of insulin have been developed. Although they may provide for tighter and more effective blood sugar control, they may actually enhance the diabetic's potential for developing hypoglycemia (low blood sugar) during physical exertion. Therefore, the diabetic diver must have a thorough understanding of how their particular diabetic regimen works, particularly with regard to the danger of developing hypoglycemia or hyperglycemia (high blood sugar) during physical activity. It is also critical that the diabetic's physician counsel the diver to check for and prevent delayed hypoglycemia, which may develop even hours after the diving activity. After reviewing the advantages and disadvantages of various insulin regimens, the diabetic's physician should be able to tailor the diabetic's regimen to allow for safe participation in scuba diving.

Three new forms have been added to the Diabetic Protocol. These forms were developed to facilitate safe training of diabetic scuba students. They are: (1) The Diabetic Profile for Pool Activity; (2) The Dive Profile for Diabetic Divers; and (3) The Diabetic Diver Medical Form Supplement. The use of these forms is required by all scuba instructors who elect to use the SSI Diabetic Protocol for teaching diabetics to scuba dive. It is also requested that copies of these forms be submitted to the SSI Medical Advisor when the diabetic student completes the course. Any adverse events should be reported to the Advisor immediately; this will allow SSI to monitor the use of the protocol and collect data concerning its use.

SSI instructors who teach qualified diabetics to dive are covered by their SSI liability insurance, but only if their student follows the protocol and fills out the required forms. The forms must be submitted to the SSI Medical Advisor in a timely manner. These forms may be obtained from the SSI Medical Advisor.



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The SSI instructor and/or the diabetic student's physician should contact the SSI Medical Advisor, Dr. Duke Scott, if they have any questions or problems concerning the use of the Protocol.

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PROTOCOL

The SSI Scuba Program does not assure the safety of scuba diving for all people with diabetes or any particular individual with diabetes. Diabetes mellitus is a diagnosis that includes a range from the person with a minimum abnormality of glucose metabolism to the person with frequent episodes of hypo- or hyperglycemia (low or high blood sugar) or ketoacidosis. There is a wide range between these two extremes and little published guidance about diabetes and scuba diving. This guideline for recreational scuba divers with diabetes (the "Protocol") has been approved by the Advisory Committee of the SSI scuba Program based on the research by and the recommendation of its Medical Advisor and promulgated by the Director of the SSI scuba Program.

Scuba diving is a semi-strenuous activity that is carried out in an underwater environment and under certain conditions may increase a diabetic's risk of injury. The occurrence of a hypoglycemic episode underwater could lead to drowning or other medical problems unique to scuba diving. Therefore, **a person with diabetes must consult with, and obtain a physical exam and subsequent approval from, his or her personal physician prior to participating in any scuba diving activities.** The physical exam should be diabetic, comprehensive, and follow the guidelines of the SSI Scuba Program Diabetic Medical Form. Since people with diabetes are at increased risk for cardiovascular disease, a heart stress test should be considered. To be approved for scuba diving, a person with diabetes should be in good physical condition and his or her diabetes should be stable and under good control. People with diabetes with severe or progressive micro- or macro-vascular disease, retinopathy (eye disease), nephropathy (kidney disease), and/or neuropathy (sensory and/or motor nerve disease) should not participate in scuba diving.

This protocol is represented as a guideline only. **A currently certified diver or student diver with diabetes who chooses to follow this protocol must first review it with their personal physician who should be familiar with the treatment of diabetes and with the medical aspects of scuba diving.** The physician may suggest changes in the protocol in order to meet the specific needs of the individual diver. Only students or graduates of nationally recognized scuba certification agencies have permission to use this protocol.

SUMMARY

1. Non-insulin Dependent Diabetic Diver (Type II) on diet control only:
 - a. Should perform self-monitoring of blood glucose ("SMBG") as outlined in the protocol.
 - b. Should follow other recommendations respecting activities, meals, dive plan, and appropriate responses to any signs of hypoglycemia.
 - c. Should scuba dive with dive partner (the "Informed Buddy") who is aware of the diabetic diver's condition, the protocol, dangers of hypoglycemic reaction, and signs of hypoglycemia. This dive buddy must agree to follow the dive plan as outlined in the protocol; be able to perform SMBG, be familiar with the diabetic dive kit, and be able and willing to respond to a hypoglycemic reaction. The dive buddy should be a certified scuba diver, experienced, physically able, and not diabetic.
2. Non-insulin Dependent Diabetic Diver (Type II) on diet and oral medication for control of hyperglycemia:
 - a. Should perform SMBG as outlined in the Protocol.
 - b. Should not take oral medication the night before or day of the planned scuba dive unless directed to do so by the diver's personal physician.
 - c. Should follow other recommendations respecting activities, meals, dive plan, and responses to any signs of hypoglycemia.
 - d. Dive with an informed Dive Buddy, as described in Section 1.c.
3. Non-insulin Dependent Diabetic Diver (Type II) on diet and oral medication plus insulin for control of hyperglycemia:



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- a. Should perform SMBG, as outlined in the protocol.
 - b. Should not take oral medication the night before or day of the planned scuba dive unless directed to do so by the diver's personal physician.
 - c. Should follow other recommendations respecting insulin administration, activities, meals, dive plan, and responses to any signs of hypoglycemia.
 - d. Dive with an Informed Dive Buddy, as described in Section 1.c.
4. Insulin-Dependent Diver (Type I) on insulin for control of insulin-deficient diabetes mellitus:
- a. Should perform SMBG as outlined in the Protocol.
 - b. Should follow other recommendations respecting insulin administration, activities, meals, dive plan, and responses to any signs of hypoglycemia.
 - c. Dive with an Informed Dive Buddy, as described in Section 1.c.

DIVE PROTOCOL

1. Pre-Dive Plan
 - a. General
 - (1). **Drugs:** Absolutely no alcohol or recreational drugs on the day before or the day of the dive. Diabetic divers should not be on blood sugar reducing drugs such as Inderal or other beta blockers.
 - (2). **Insulin Administration:** Errors must be avoided, such as reversal of AM and PM doses of insulin, reversal of regular and NPH insulin units, excessive insulin dose, improper timing of insulin administration with regard to meals.
 - (3). **Insulin Injection:** Insulin injections of the pre-dive day should be performed in the abdominal area. (Insulin absorption from an exercising limb is faster and more erratic than normal.) The injection site should be an area of the skin that is not scarred or thickened (hypertrophic fatty tissue) from previous injections.
 - (4). **Food:** Do not alter meal and snack schedule unless directed to do so by the protocol. Do not skip any meals or decrease daily calories; avoid fatty foods; avoid foods or fluids containing caffeine, such as coffee, tea, chocolate, and soft drinks. Multiple small snacks are recommended over a single larger one.
 - (5). **Exercise:** Avoid strenuous activity or strenuous exercise during day or evening prior to the scheduled scuba diving activity. If the diabetic diver has a daily aerobic exercise program in place, he/she should reduce the amount of exercise by at least one-third.
 - (6). **Fluids:** Increase normal fluid intake significantly for 24 hours prior to scheduled dive. A minimum of 8 ounces of fluid should be consumed by the diabetic diver during the pre-dive period.
 - (7). **Rest:** Adequate rest the night before the scheduled dive trip is essential. Eight hours of sleep are recommended.
 - b. **Insulin:** Reduce evening dose of intermediate or long-acting insulin by 10%, if under loose control or 20%, if under tight control. The diabetic diver should seek the advice of his/her physician in determining the degree of his/her diabetic control.
 - c. **Meal:** Normal evening meal – avoid fatty foods and caffeine.
2. Evening of pre-dive day
 - a. **Insulin:** Reduce evening dose of intermediate or long-acting insulin by 10%, if under loose control or 20%, if under tight control. The diabetic diver should seek the advice of his/her physician in determining the degree of his/her diabetic control.
 - b. **Meal:** Normal evening meal – avoid fatty foods and caffeine.
3. Morning of Dive Day
 - a. **Self-Monitoring of Blood Glucose (SMBG):** Perform fasting blood sugar (FBS) just before normal breakfast time.
 - (1). If the FBS value is between 75 mg/dl and 160 mg/dl, administer AM insulin according to the following schedule:
 - (a). Reduce usual AM dosage or regular insulin by 50%, if under tight control, or 25%, if under loose control.
 - (b). Reduce usual AM daily dosages of intermediate or long-acting NPH insulin by 20%.



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- (2). If FBS is below 75 mg/dl or above 240 mg/dl, the diabetic diver must seek physician approval prior to scuba diving. The physician should be knowledgeable with regard to diabetes mellitus and scuba diving.
 - b. **Breakfast:** The diabetic diver should increase his/her normal breakfast by 200 calories. The increase should consist of a mixture of complex carbohydrates and proteins.
 - c. **Fluids:** Between arising and the diabetic diver's first dive of the day, he/she should drink at least the equivalent of two to four 8-ounce glasses of non-caloric fluid.
4. First dive of the day
- a. **SMBG:** Perform random blood sugar (RBS) just before normal breakfast time.
 - (1). If the RBS value is between 75 mg/dl and 240 mg/dl, the diabetic diver may proceed with the first dive of the day in there are no other contraindication.
 - (2). If RBS value is below 75 mg/dl or above 240 mg/dl, the planned dive activity should be aborted. The diabetic diver should seek medical advice.
 - b. **Food:** A small snack should be eaten just prior to the dive, consisting of approximately 100 calories of a mixture of proteins and complex carbohydrates (such as 1 bread exchange and _ meat exchange).
 - c. **Dive Plan:** The dive should comply with the standards of the SSI scuba program for non-decompression recreational scuba diving. The SSI dive Tables should be followed, except that the bottom time for any dive (independent of depth) should not exceed 25 to 30 minutes. Under adverse conditions (such as strong current, cold waters, or increased work), or if unexpected physical exertion is required, then the bottom time should not exceed 20 to 24 minutes.
5. Post-Dive Plan
- a. **SMBG:** Perform random blood sugar (RBS) immediately upon completing the dive.
 - (1). If the RBS value is below 80 mg/dl a carbohydrate snack should be eaten immediately. Repeat RBS every 30 minutes and take carbohydrate snacks until TBS is 80 mg/dl or above. (See section on hypoglycemia below.)
 - (2). If RBS value is 80 mg/dl or above a small protein and/or complex carbohydrate snack is appropriate.
 - b. **Fluids:** drink at least two eight-ounce glasses of a non-caloric fluid.
 - c. **Other:** Remove tight-fitting wet suit. If cold, get warm. If hot, attempt to cool down.
6. Surface Interval Time (Time between the first and second dive of the day.)
- a. Rest for the first 30 minutes of surface interval time.
 - b. Perform no strenuous activity during the entire surface interval time.
 - c. An SMBG should be performed if any symptoms of hypoglycemia develop and appropriate action should be taken. (See section on hypoglycemia below.)
 - d. Appropriate meals and snacks should be taken.
 - e. Omit any scheduled insulin administration between the first and second dive unless otherwise directed by personal physician.
7. Pre-Dive and Dive Plan for Second Dive of the Day
- a. Repeat steps outlined in Sections 4 and 5 of Protocol.
 - b. The diabetic diver should limit his/her scuba diving to two dives per day.

HYPOGLYCEMIA

1. Signs and Symptoms of Hypoglycemia
 - a. Early warning signs: unusual hunger, headache, alteration of mood, nervousness, and/or unusual fatigue.



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- b. Mild reaction: tremors, pounding and/or rapid heart rate, sweating, clamminess of skin, and/or extreme fatigue.
 - c. Moderate Reaction: Severe head and/or neck pain, extreme alterations of mood, irritability and/or extreme fatigue.
 - d. Severe Reaction: Decreased awareness or responsiveness, unconsciousness and/or convulsions.
2. Response to Symptoms of Hypoglycemia
- a. If only early warning signs of hypoglycemia and the SMBG is 80 mg/dl or above, look for other causes of diabetic diver's symptoms, including anxiety, sea sickness, dehydration, heat exhaustion, and/or early signs of decompression sickness (DCS).
 - (1). Eat an appropriate complex carbohydrate protein snack,.
 - (2). Repeat SMBG in about _ hour.
 - (3). If symptoms clear and SMBG is 80 mg/dl or above, and no other contraindications are determined, then the diabetic diver may continue with his/her scuba diving activity in accordance with the Protocol.
 - b. If only early warning signs of hypoglycemia but the SMBG is below 80 mg/dl, the diabetic diver should:
 - (1). Take 10 to 15 grams of sugar, such as 4 to 6 ounces of fruit juice, 6 lifesavers, or 4 teaspoonfuls of sugar.
 - (2). Repeat SMBG in about _ hour.
 - (3). Continue this process until blood sugar value is 80 mg/dl or above and symptoms have cleared.
 - (4). Eat a complex carbohydrate-protein snack. Cease all scuba diving activity and seek medical advice.
 - (5). Hydration is a priority.
 - c. If mild signs of hypoglycemia develop and SMBG is below 80 mg/dl, the diabetic diver should:
 - (1). Initiate same treatment as for early warning signs (Section 2.b. above).
 - (2). 4 glucose tablets may be substituted for sugar snack (easier to carry).
 - d. If moderate hypoglycemia develops and SMBG is below 60 mg/dl, the diabetic diver should:
 - (1). Immediately take 4 to 6 glucose tablets or large sugar snack, or spoonfuls of sugar.
 - (2). Repeat SMBG in about _ hour.
 - (3). Continue treatment with glucose tablets and interval monitoring until symptoms clear and SMBG value is 80 mg/dl or above.
 - (4). Watch carefully for signs of relapse. Recovery is usually longer.
 - (5). Cease all scuba diving activity and seek medical advice.
 - (6). If the diabetic diver becomes confused, disoriented, or combative, he/she may require assistance from their "informed" dive partner
 - (7). If the diabetic diver is unable to take sugar snack or glucose tablets, then Glucagon 1 mg should be given subcutaneously or intramuscularly in the shoulder or anterior thigh. A positive response should be noted in 10 to 15 minutes. Proceed with sugar snack, etc.
 - (8). Observe SMBG carefully for rebound hyperglycemia (high blood sugar).
 - (9). Do not give the diabetic diver food or fluids by mouth until he/she is alert enough to swallow, in order to avoid possible aspiration into the lung and/or choking.
 - e. If severe hypoglycemia develops (the SMBG value will generally be below 60 mg/dl), the diabetic diver's informed dive partner should:
 - (1). Immediately administer Glucagon 1 mg subcutaneously or intramuscularly to the diabetic diver, as described above.
 - (2). If available, and a trained medical person is present, then intravenous glucose and fluid should be given.
 - (3). Seek emergency medical service and advice.
 - (4). Cease all scuba diving activity.
 - f. The diabetic diver should cease all scuba diving activity if any signs or symptoms of hypoglycemia develop. He/she should not be left alone while others continue to dive. Appropriate medical advice and/or treatment should be obtained for him/her.



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- g. Other problems associated with scuba diving should always be considered. They could mimic hypoglycemia or occur simultaneously with hypoglycemia in the diabetic diver.

OTHER MATTERS

1. Dive Kit for the Diabetic scuba Diver
 - a. Watertight container to hold the kit, clearly marked.
 - b. The Protocol.
 - c. Personal medical history.
 - d. Personal physician name and phone number.
 - e. SMBG monitor and glucose oxidase sticks, with instructions.
 - f. Glucose tablets (or substitute).
 - g. Glucagon for subcutaneous or intramuscular injection.
 - h. Instructions and supplies for administering Glucagon.
2. Dive Log for the Diabetic scuba Diver
 - a. Log all dives.
 - b. Keep details of insulin administration, SMBG, environmental conditions, and any adverse reaction.

Please send copies of your log to the SSI Medical Advisor after every scuba diving activity. By collecting and analyzing this data we will be able to review and, if necessary, revise the Protocol.

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Any questions concerning the protocol may be directed to the SSI Medical Advisor by calling (904) 246-0750 or writing to the above address.



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**SSI
DIABETIC PROFILE FOR POOL ACTIVITY**

Name _____ SSN _____

Age _____ Sex _____ Pool Activity _____

Informed Buddy _____

Diabetic Dive Kit _____ Type of DM: Type 1 _____ Type 2 _____

Diabetic History: Diet _____
Med/Insulin (type/dosage) _____

SMBG: Yes _____ No _____ Method/Device _____

I. Pre-Activity

1) Random Blood Sugar _____

2) Med/Insulin (type/dosage) _____
_____ Omitted _____

3) Snack _____ calories.

4) Description of Activity _____

II. Post-Activity

1) Random Blood Sugar _____

2) Snack _____ calories.

III. Hypoglycemia

1) Present: Yes _____ No _____

2) Blood Sugar Level _____

3) Symptoms _____

4) Response _____

5) Result _____

6) Post-Hypoglycemia Blood Sugar _____

IV. Additional Comments _____

Signature of Participant

Date

Signature of Instructor

Date



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SSI DIVE PROFILE FOR DIABETIC DIVERS

Name _____ SSN _____
 Age _____ Sex _____ Certification _____ Years diving _____
 Informed Buddy _____ Diabetic Dive Kit _____
 Type of D.M.: Type I _____ Type II SMBG: Yes ___ No ___ Device _____
 Diabetic History: Diet _____
 Med/Insulin (include frequency and dosage) _____

PROFILE

- I. Evening of Pre-Dive Day
 - (1). Meal: _____ calories.
 - (2). Evening Snack: _____ calories.
 - (3). Med/Insulin (type and dosage): _____ Omitted _____
- II. Morning of Dive Day
 - (1). FBS: _____
 - (2). Breakfast: _____ calories.
 - (3). Med/Insulin (type and dosage): _____ Omitted _____
- III. First Dive
 - (1). Random Blood Sugar: _____
 - (2). Snack: _____ calories. Time: _____
- IV. Dive Profile
 - (1). Dive: First _____ Second _____
 - (2). SSI Tables: _____ Computer: _____
 - (3). Maximum Depth _____
 - (4). Bottom Time _____
 - (5). Dive Description _____

- V. Post-Dive
 - (1). Random Blood Sugar _____
 - (2). Post Dive Snack _____ calories.
 - (3). Med/Insulin (Type and Dosage) _____ Omitted _____
 - (4). Hypoglycemia: Yes _____ No _____
 Description of Response: _____
 (a). Blood Sugar: _____
 (b). Symptoms: _____
 (c). Response _____
 (d). Result: _____
- VI. Surface Interval
 - (1). Rest Period (time): _____
 - (2). Meal: _____ calories.
 - (3). Snack: _____ calories.
 - (4). Med/Insulin (Type and Dosage) _____ Omitted _____
 - (5). Time on Surface: _____

Diver Signature _____ Date _____

Instructor Signature _____ Date _____



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DIABETIC DIVER MEDICAL FORM SUPPLEMENT

This history and physical form is to be completed by the potential diabetic student's personal physician.

Patient's Name: _____ Date: _____

Diabetic History

- 1) Type of Diabetes Mellitus: Type 1 _____ Type 2 _____
- 2) Age of Onset: _____
- 3) Method of Control:
 - 1) Diet: _____ calories
 - 2) Medication (type, dosage, frequency) _____
 - 3) Insulin (type, dosage, frequency) _____
- 4) Present Diabetic Control: Stable _____ Unstable _____
- 5) SMBG: Yes _____ No _____ Method _____
- 6) Hypoglycemic Episodes: Yes _____ No _____ If yes, explain _____

Systemic Diabetes

- | | | | |
|--------------------------|----------------|--------------------------|----------------|
| 1) Diabetic Retinopathy | Yes ___ No ___ | 2) Macrovascular Disease | Yes ___ No ___ |
| 3) Microvascular Disease | Yes ___ No ___ | 4) Peripheral Neuropathy | Yes ___ No ___ |
| 5) Renal Disease | Yes ___ No ___ | 6) Diabetic Foot | Yes ___ No ___ |

Discuss any "yes" answers: _____

Associated Medical Problems

- | | | | |
|--------------------|----------------|-----------------|----------------|
| 1) Hypertension | Yes ___ No ___ | 2) Dyslipidemia | Yes ___ No ___ |
| 3) Cigarette Abuse | Yes ___ No ___ | | |

Discuss any "yes" answers: _____

Diabetic Lab (Enter values and dates)

- | | |
|---------------------|---|
| 1) Last FBS _____ | 3) Last Urinary Albumin:Creatinine Ratio: _____ |
| | (Screening for microalbuminuria) |
| 2) Last HbA1C _____ | 4) Urine Albumin _____ |

Cardiovascular Evaluation (if indicated)

- 1) Treadmill (results and date): _____

Diabetic Physical

- 1) Complete the SSI National SCUBA Program Medical Form
- 2) Additional Examinations:

a) Elevated BP	Yes ___ No ___	b) Diabetic Retinopathy	Yes ___ No ___
c) Peripheral Vascular Disease	Yes ___ No ___	d) Peripheral Neuropathy	Yes ___ No ___
e) Diabetic Foot	Yes ___ No ___	f) Cardiovascular Disease	Yes ___ No ___

Discuss any positive findings: _____

Diabetic Protocol

_____ Able to follow Diabetic Protocol. _____ Able to follow with the following modifications: _____

Physician's Signature M.D./D.O. _____
Printed Name

Address, City, State, ZIP