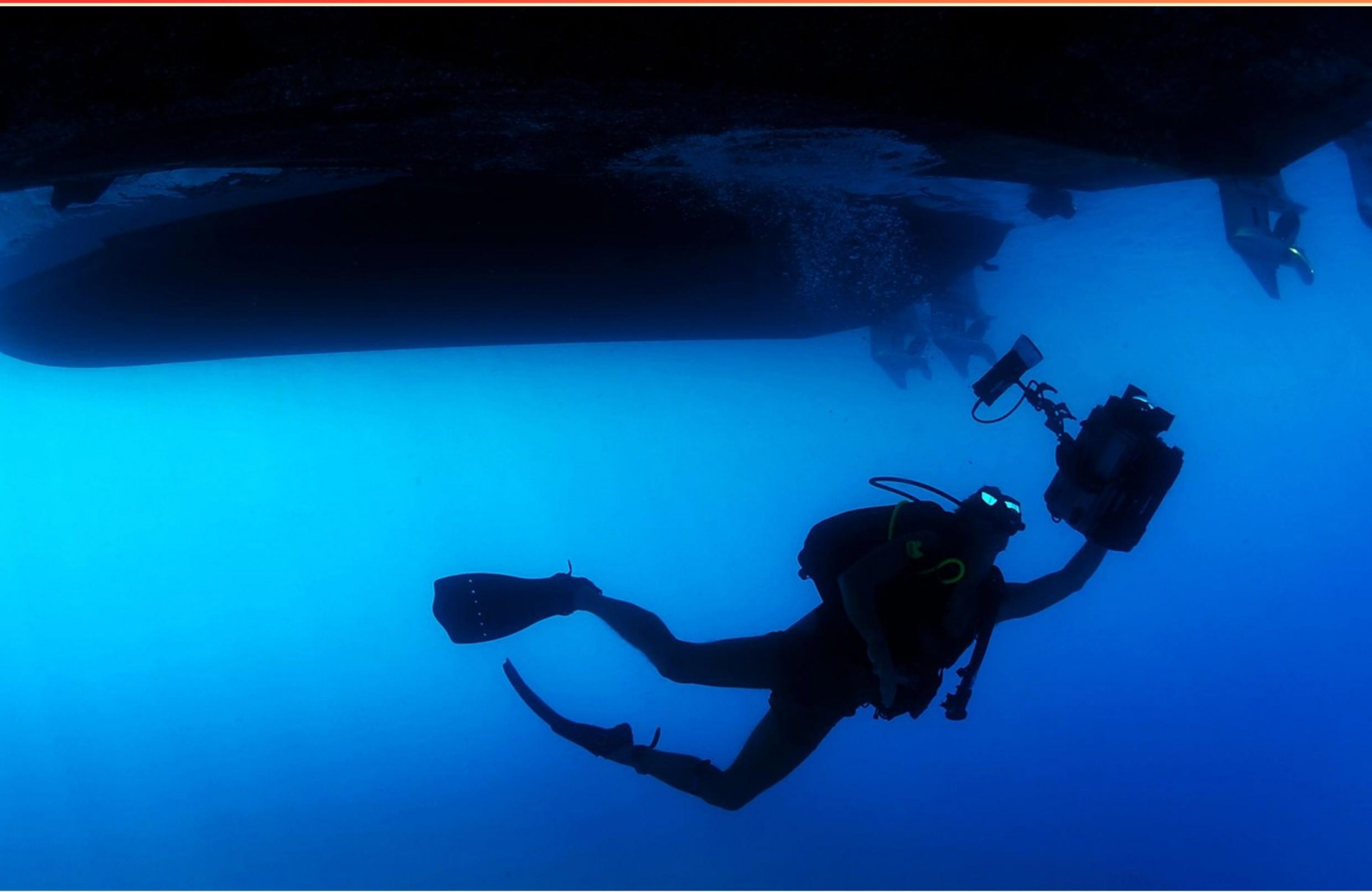


NAVY DIVE MANUAL PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. How long is the minimum recommended time at 60 feet when using Treatment Table 7?**
 - A. 6 hours
 - B. 12 hours
 - C. 24 hours
 - D. 48 hours
- 2. What should be prioritized if a diver is pulseless and not breathing?**
 - A. Recompression treatment
 - B. Establishing ABCs
 - C. Assessment of injuries
 - D. Defibrillation
- 3. During altitude diving, which technique is used to find the equivalent dive depth?**
 - A. Depth estimation
 - B. Cross correction
 - C. Vertical adjustment
 - D. Pressure balancing
- 4. What is advised to do if a diver experiences a loss of air?**
 - A. Ignore the issue and continue diving
 - B. Notify the buddy immediately
 - C. Only wait for assistance
 - D. Panic and rush to the surface
- 5. What characterizes Type I decompression sickness?**
 - A. Neurological symptoms
 - B. Joint pain and skin symptoms
 - C. Severe fatigue
 - D. Inner ear dysfunction

- 6. What symptoms are associated with mild hypothermia?**
- A. Uncontrolled shivering and slurred speech
 - B. Loss of consciousness and irregular heartbeat
 - C. Extreme confusion and seizures
 - D. Severe shortness of breath
- 7. Which of the following conditions is considered a significant hazard during diving?**
- A. Maximum bottom time exceeded
 - B. No safety divers present
 - C. All divers are certified
 - D. Current is less than 1 knot
- 8. What should happen if a diver arrives early at a decompression stop?**
- A. Resume ascent immediately
 - B. Delay the stop until the required ascent time is met
 - C. Start timing the decompression stop as soon as they arrive
 - D. Return to the surface for evaluation
- 9. What should be prioritized for an injured diver who is trapped underwater?**
- A. Surfacing immediately without regard to injury
 - B. Ensure sufficient breathing gas is available
 - C. Stabilize the injury only
 - D. Assess the decompression obligation
- 10. Which law states that the volume of a gas increases as its temperature increases when pressure is kept constant?**
- A. Boyle's Law
 - B. Gay-Lussac's Law
 - C. Charles'/Gay-Lussac's Law
 - D. Dalton's Law

Answers

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1. B
2. B
3. B
4. B
5. B
6. A
7. A
8. C
9. B
10. C

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Explanations

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1. How long is the minimum recommended time at 60 feet when using Treatment Table 7?

- A. 6 hours
- B. 12 hours**
- C. 24 hours
- D. 48 hours

The minimum recommended time at 60 feet when using Treatment Table 7 is indeed 12 hours. Treatment Table 7 is utilized for treating severe decompression sickness and involves protocols that require specific durations at various depths to effectively off-gas nitrogen that has accumulated in the body during the dive. At 60 feet, the table prescribes a duration that allows for the gradual reduction of nitrogen levels, thereby minimizing the risk of additional complications such as further decompression sickness or nitrogen narcosis. Twelve hours is considered the minimum necessary time to ensure that the diver's body can adequately eliminate excess nitrogen and safely return the diver to normal atmospheric pressure. This duration also helps to allow for the monitoring of any potential symptoms or complications that may arise during the treatment, as well as providing the necessary safety margin required for recovery from such a serious condition.

2. What should be prioritized if a diver is pulseless and not breathing?

- A. Recompression treatment
- B. Establishing ABCs**
- C. Assessment of injuries
- D. Defibrillation

When a diver is pulseless and not breathing, the priority should be on establishing the ABCs, which stands for Airway, Breathing, and Circulation. This is a fundamental aspect of basic life support and immediate care for any patient who is unresponsive or in a critical state. In this scenario, the first step is to ensure that the airway is clear and that any obstruction preventing breathing is addressed. This is crucial because a compromised airway can significantly worsen the diver's condition. Following that, if the diver is not breathing, artificial ventilation needs to be provided immediately. Finally, assessing circulation involves checking for a pulse and, if absent, initiating cardiopulmonary resuscitation (CPR). While defibrillation is essential in cases of cardiac arrest due to arrhythmias, it is only effective if the heart's electrical activity is present and can be restored. Recompression treatment would not be an immediate action as it is designated for treating decompression sickness and is not a response to the immediate life-threatening situation of being pulseless and not breathing. Similarly, assessment of injuries can take place after the basic life-saving interventions have been initiated, but it should not take precedence over restoring basic life functions. Establishing the ABC

3. During altitude diving, which technique is used to find the equivalent dive depth?

- A. Depth estimation
- B. Cross correction**
- C. Vertical adjustment
- D. Pressure balancing

The equivalent dive depth during altitude diving is determined using the cross correction technique. This method takes into account both the actual altitude above sea level and the corresponding pressure, allowing divers to calculate the appropriate pressure that would be exerted at a certain depth if they were submerged in water at sea level. Altitude affects the pressure experienced by divers; therefore, traditional calculations based on sea levels need adjustments when diving at higher elevations. Cross correction incorporates these necessary adjustments to ensure the diver's safety and proper management of exposure to the surrounding pressure during their dive. By utilizing this technique, divers can effectively estimate their dive depths in environments where altitude may significantly influence pressure, ensuring they remain within safe limits and can manage their dive profiles accurately.

4. What is advised to do if a diver experiences a loss of air?

- A. Ignore the issue and continue diving
- B. Notify the buddy immediately**
- C. Only wait for assistance
- D. Panic and rush to the surface

When a diver experiences a loss of air, it is crucial to notify their buddy immediately. This step is essential for ensuring safety in a diving environment. By alerting a buddy, the diver can receive timely assistance and support, which is vital especially in emergency situations. The buddy system is foundational in diving; it provides a safety net where divers look out for each other. In scenarios involving air loss, the buddy can help by sharing air through an alternate air source or assisting the diver in ascending smoothly and safely. This collaboration can significantly reduce the risks associated with low air supply, such as panicking or surfacing too quickly, which can lead to additional hazards like decompression sickness. Effective communication and teamwork are paramount in diving safety, making notifying the buddy the most responsible and safe action to take in case of air loss.

5. What characterizes Type I decompression sickness?

- A. Neurological symptoms
- B. Joint pain and skin symptoms**
- C. Severe fatigue
- D. Inner ear dysfunction

Type I decompression sickness, often referred to as "the bends," is primarily characterized by joint pain and skin symptoms. This condition occurs when a diver ascends too quickly, causing nitrogen bubbles to form in the bloodstream and tissues as they expand. The joint pain, commonly described as aching or throbbing, can affect various parts of the body, typically occurring in the larger joints like the knees and elbows. In addition to joint pain, skin symptoms can also manifest, such as rashes or mottled skin, which may occur due to nitrogen bubbles affecting superficial tissues. Understanding the primary symptoms associated with Type I decompression sickness is critical for timely recognition and treatment, which greatly improves outcomes for affected divers. The emphasis on joint pain and skin manifestations helps differentiate Type I from Type II, which is more associated with neurological issues and other severe complications.

6. What symptoms are associated with mild hypothermia?

- A. Uncontrolled shivering and slurred speech**
- B. Loss of consciousness and irregular heartbeat
- C. Extreme confusion and seizures
- D. Severe shortness of breath

Mild hypothermia occurs when the body temperature drops slightly below the normal range, typically around 32 to 35 degrees Celsius (89.6 to 95 degrees Fahrenheit). One of the primary symptoms associated with mild hypothermia is uncontrolled shivering, as the body attempts to generate heat through muscle activity. This shivering is often accompanied by slurred speech, which is indicative of the body's impaired functioning as it struggles to maintain its normal processes in cooler conditions. In more severe forms of hypothermia, symptoms can escalate to loss of consciousness, irregular heartbeat, extreme confusion, or seizures, but these are not characteristic of mild hypothermia. Similarly, severe shortness of breath does not usually present itself during this initial stage. Thus, the combination of uncontrolled shivering and slurred speech serves as clear indicators of mild hypothermia, highlighting the body's response mechanism to decreasing temperatures.

7. Which of the following conditions is considered a significant hazard during diving?

- A. Maximum bottom time exceeded**
- B. No safety divers present
- C. All divers are certified
- D. Current is less than 1 knot

Exceeding the maximum bottom time is a significant hazard during diving because it directly relates to the risk of decompression sickness (DCS). Each dive has a recommended time limit based on depth to ensure that divers can safely ascend without allowing excess nitrogen to accumulate in their bodies. If divers exceed this limit, they increase the likelihood of developing DCS, which can cause serious injury or even be life-threatening. While having no safety divers present is a concern and could affect safety, the immediate risk posed by exceeding maximum bottom time is more critical in terms of physiological effects. Conversely, all divers being certified does not inherently imply an increased hazard, as certification indicates they have completed necessary training and understand safety protocols. Additionally, a current of less than 1 knot is generally considered manageable and not a significant hazard, especially for experienced divers.

8. What should happen if a diver arrives early at a decompression stop?

- A. Resume ascent immediately
- B. Delay the stop until the required ascent time is met
- C. Start timing the decompression stop as soon as they arrive**
- D. Return to the surface for evaluation

When a diver arrives early at a decompression stop, the correct procedure is to start timing the decompression stop as soon as they arrive. This is crucial because decompression stops are designed to allow the body to safely eliminate nitrogen that has been absorbed under pressure. Timing accurately at this point helps ensure that the diver does not ascend too quickly, which can lead to decompression sickness. Arriving early at a decompression stop does not negate the need for the diver to complete the required duration at that depth. Therefore, it is essential to begin timing the stop immediately to fulfill decompression obligations safely. By doing this, the diver adheres to the necessary protocols and effectively manages nitrogen levels in the body, contributing to a safer ascent.

9. What should be prioritized for an injured diver who is trapped underwater?

- A. Surfacing immediately without regard to injury
- B. Ensure sufficient breathing gas is available**
- C. Stabilize the injury only
- D. Assess the decompression obligation

Prioritizing sufficient breathing gas for an injured diver who is trapped underwater is crucial because the immediate survival of the diver depends on their ability to breathe. When a diver is injured and unable to surface, maintaining access to breathing gas is essential to avoid hypoxia, which is a lack of oxygen that can lead to unconsciousness or death within minutes. Having adequate breathing gas can also buy time for rescue efforts and facilitates the necessary interventions that must occur before a successful ascent. It allows the diver to signal for help and possibly perform self-rescue maneuvers if feasible. Other considerations, like stabilizing the injury or assessing decompression obligations, are important but come after ensuring that the diver can breathe. If the diver cannot breathe due to insufficient gas, all other considerations become moot, as survival is the priority.

10. Which law states that the volume of a gas increases as its temperature increases when pressure is kept constant?

- A. Boyle's Law
- B. Gay-Lussac's Law
- C. Charles'/Gay-Lussac's Law**
- D. Dalton's Law

The principle that describes the relationship between the volume of a gas and its temperature at constant pressure is encapsulated in the combined law attributed to Charles and Gay-Lussac. This law states that the volume of a gas is directly proportional to its temperature measured in Kelvin when the pressure remains constant. Therefore, if the temperature of the gas increases, the volume also increases, assuming no change in pressure. This relationship is fundamental in understanding gas behavior, especially in various applications, including diving and other scenarios where gases are involved under different temperatures and pressures. The acknowledgment of both Charles and Gay-Lussac in this context underscores their contributions to the understanding of gas laws, reinforcing that temperature and volume are intrinsically linked when pressure is constant.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://navydivematerial.examzify.com>

We wish you the very best on your exam journey. You've got this!

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