

INSTRUCTIONS TO THE APPLICANT ON THE USE OF THIS FORM

This side of the form is intended to be completed by the Medical Referee.

If he considers you fit to dive, he will complete and sign the Certificate of Fitness below and hand it to you. You should then show it to your Training or Diving officer and then keep it in your diver training and qualification record book.

UK Sport Diving Medical Committee
Medical Certificate
This is to certify that

Age.....Membership No.....

(Delete as necessary)

1) *is in my opinion fit to dive at the time of examination*

Date.....Valid until

2) *is in my opinion fit to dive at the time of examination and further examination is unnecessary unless there are changes in your medical condition*

3) *In the light of the information you have supplied, unless there is a change in the your medical condition, I do not consider examination necessary*

a) *For.....years. b) Indefinitely.*

. Any changes in medical health must be declared.

Signature of Medical Referee.....

Address.....
 (or stamp)

Telephone No

Sport Diver Medical Certificate of Fitness to Dive

Medical Examination 01.07.08.doc

SECTION B - To be completed by the Medical Referee who should retain it for record purposes`

Height . metres

Weight kg

NORMAL?
YES NO

Ears: R. Drum

Canal

L. Drum

Canal

Sinuses, nose, throat

Chest

Peak Flow

CVS

BP /

Abdomen

CNS

Joints and Limbs

Personality or Mental Disorder

Urine: Free from albumen

Free from sugar

Chest X-ray (only if indicated)

Please comment below on any abnormalities

.....

Date of Chest X-ray
 (if indicated)

Place

Fit	Unfit
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Signature of Doctor.....Date.....

Address
 (or stamp)

.....

Telephone No