

DIVING MEDICAL EXAMINATION

(CHECKLIST)

PLEASE PRESENT TO PHYSICIAN AT TIME OF APPOINTMENT

Name of Student: _____

The above named student has been medically examined and fitness tested for commercial diver training. This medical examination has been conducted in accordance with *Recommendations on Fitness to Dive*, by the *Undersea & Hyperbaric Medical Society*.

Copies of the following are enclosed:

Normal	Abnormal	
<input type="checkbox"/>	<input type="checkbox"/>	Physical examination
<input type="checkbox"/>	<input type="checkbox"/>	Blood Chemistry
<input type="checkbox"/>	<input type="checkbox"/>	Hemoglobin
<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis
<input type="checkbox"/>	<input type="checkbox"/>	12 lead electrocardiogram
<input type="checkbox"/>	<input type="checkbox"/>	Chest X-ray
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A & B status: Immunization date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Any other test(s) the physician feels necessary

The above named person has been found:

- Fit to dive for all conditions and climates of work for 24 months
- Unfit for diving

(Printed name of Physician)

Physician's address & telephone number:

(Signature of Physician)

(Date)