



Physician's Approval To Dive

This person is applying for training or is presently certified to engage in freediving/breath-hold and/or scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for freediving/breath-hold and/or scuba diving is requested. There are Guidelines for Recreational Scuba Diver's Physical Examination attached for your information and reference.

Student Information

Student must complete Student Information and Personal Physician sections. Please print legibly.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Date of Birth (DD/MM/YY)
<input type="text"/>		
Mailing Address		
<input type="text"/>	<input type="text"/>	
Email Address	Phone	

Name and address of your Personal Physician

<input type="text"/>	<input type="text"/>	
Physician	Clinic/Hospital	
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of last physical examination (DD/MM/YY)	Name of examiner	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinic/Hospital	Address	Email

Were you ever required to have a physical for diving? Circle one Yes No If yes, when? _____

Physician

Physician's Impression

I find no medical conditions that I consider incompatible with diving. I am unable to recommend this individual for diving.

<input type="text"/>	
Remarks	
<input type="text"/>	<input type="text"/>
Physician's Signature or Legal Representative of Medical Practitioner	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>
Physician's Name or Stamp	Clinic/Hospital
<input type="text"/>	
Address	
<input type="text"/>	<input type="text"/>
Phone	Email