



## 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