

# UKSDMC Medical Examination Form and Certificate of Fitness to Dive 2013



To be completed by a Medical Referee approved by the UKSDMC who should retain it for record purposes

Re: ..... DOB.....

Any comments or other investigations if needed, e.g. ECG, eye test, spirometry, flow volume loop, CXR, bubble contract echocardiogram, standard cardiological exercise test e.g. Bruce protocol, exercise test to assess respiratory function post exercise, etc

Height	metres	
Weight	Kg	
BMI	Kg/m <sup>2</sup>	
	<b>NORMAL?</b>	
	<b>YES</b>	<b>NO</b>
Ears: R. Drum		
Canal		
L. Drum		
Canal		
Sinuses, nose, throat		
Chest		
Peak flow value		
Pred peak flow value		
CVS		
BP reading		
Abdomen		
CNS		
Joints and Limbs		
Personality/Mental Disorder		
Urine: Free from albumen		
Free from sugar		

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Fit	Valid until	Unfit
Any restrictions		

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Signature of Medical Referee.....Date.....

Address.....  
(or stamp)

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Telephone No.....GMC number.....

## INSTRUCTIONS TO THE APPLICANT ON THE USE OF THIS FORM:

This form is to be completed by the Medical Referee approved by the UKSDMC. If s/he considers you fit to dive, s/he will complete and sign the Certificate of Fitness. You should then show it to your Training or Diving Officer and keep it in your diver training and qualification record book. If you disagree with the referee's decision and this is not resolvable with discussion you may contact the UKSDMC directly.

### 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...../Indefinitely

2) Is in my opinion fit to dive at the time of examination with the following restrictions.....

3) is in my opinion NOT fit to dive

### **Any changes in medical health must be declared**

Signature of Medical Referee.....

Address.....  
(or stamp).

Telephone No.....GMC number.....