

BLOCK CAPITALS PLEASE

Name:		Date of birth:
Address:		
Postcode:	Telephone:	Occupation:
Dive organisation:	Branch:	Membership no:

Medical Certificate

For completion by a UKDMC Medical Referee only

If you disagree with the UKDMC Medical Referee's decision and this is not resolvable with discussion you may contact the UKDMC directly via the secretary at ukdmc.org

a. In light of my assessment I hereby confirm the diver has no medical condition that I consider incompatible with diving (delete if N/A).

With the following restrictions if relevant

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b. Unless there is a change in the applicant's medical condition or medication/treatment, they need not submit their medical declaration form to a UKDMC Medical Referee:

Indefinitely **or for** **years**

The diver should save a copy of this form & initial & date here to confirm there has been no change in their medical condition or treatment since the Referee signed this form:

Initial									
Date:									

c. In light of my assessment the diver is NOT fit to dive (delete if N/A)

Signature of UKDMC Medical Referee:

Print Name:

Date:

GMC number:

Referee stamp:

Any change in health must be declared as this may affect your fitness to dive. A copy of this completed certificate must be kept by the diver's Branch/Club during the period of validity.

Please copy only this page to your Branch/Club