Diver Medical | Medical Examiner's Evaluation Form

Participant Name

	(Print)	Date (dd/mm/yyyy)
	uests your opinion of his/her medical suitability to partic t <u>uhms.org</u> for medical guidance on medical conditions your evaluation.	
Evaluation Resul	t	
Approved – I find no cond	litions that I consider incompatible with recreational scub	a diving or freediving.
Not approved – I find con	ditions that I consider incompatible with recreational sci	uba diving or freediving.
Signature of certified medi	ical doctor or other legally certified medical provider	Date (dd/mm/yyyy)
Medical Examiner's Name		
	(Print)	
Clinical Degrees/Credentials		
Clinic/Hospital		
Address		
- Addition		
Phone	Email	
	Physician/Clinic Stamp (optional)	
	Created by the <u>Diver Medical Screen Committee</u> in ass following bodies:	ociation with the
	The Undersea & Hyperbaric Medical Society	
	DAN (US)	

Birthdate

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Hyperbaric Medicine Division, University of California, San Diego

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