Medical evaluation of fitness for scuba diving report

Recommendation: After detailed exam	nination to assess his/her fitness, I find no
medical condition(s) which I consider in	compatible with diving.
Therefore Mr/Ms	, born on, living in
	(full address)
is qualified at the moment for diving.	
place & date	examining physician's signature & stamp
Medical evaluation of fit	ness for scuba diving report
Recommendation: After detailed exam	nination to assess his/her fitness, I find no
medical condition(s) which I consider in	·
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Therefore wif/wis	, bonn on, nving in(full address)
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place & date	examining physician's signature & stamp