



Medical examination / assessment of Try Scuba Diving and Pool Diver
(confidential information)

- Please complete all relevant sections and tick box(es) where appropriate.
- Write clearly and please print.
- Completed forms should be send with application and a copy should be saved by the Diver.

Diver's personal details:

Last name

First name

Date of Birth

Sex: Female

Male

Address

Nationality

Level of Disability

Type of Medical:

Preliminary Examination

Renewal Examination

Date of examination

Date of expiry

Is the diver medically fit to dive?

Yes

No

If Yes, are there any restrictions?

Yes

If Yes, please explain

Examining Doctor's details:

Name

Stamp

Address

Date

Signature _____