

# MEDICAL CLEARANCE FORM FOR SCUBA DIVING

BlueBelong Diving School - Andaman Islands

## PATIENT INFORMATION:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## MEDICAL HISTORY REVIEW:

The patient has completed a medical questionnaire and requires medical clearance for scuba diving activities.

Medical concerns identified: \_\_\_\_\_

\_\_\_\_\_

## PHYSICIAN EXAMINATION:

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_ Temperature: \_\_\_\_\_

Cardiovascular examination: \_\_\_\_\_

Respiratory examination: \_\_\_\_\_

ENT examination: \_\_\_\_\_

## MEDICAL CLEARANCE:

☐ CLEARED for scuba diving without restrictions

☐ CLEARED with the following restrictions:

\_\_\_\_\_

☐ NOT CLEARED for scuba diving

Physician Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be completed by a licensed physician familiar with dive medicine or general practice.