To: Dive Medical Officer / Dive Instructor

Date: [Insert Date]

Re: Medical Clearance for Recreational Scuba Diving

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

To whom it may concern,

The above-named patient was evaluated by me on [Date of Evaluation] for a cardiology clearance regarding their fitness to participate in recreational scuba diving.

Clinical Evaluation:

- Medical History Review: [Completed/Reviewed]
- Physical Examination: [Completed/Reviewed]
- Diagnostic Tests Performed (e.g., EKG, Stress Test, Echocardiogram): [List Tests or 'None']

Findings:

Based on the clinical evaluation and the current guidelines set forth by the Undersea and Hyperbaric Medical Society (UHMS) and the Divers Alert Network (DAN):

[ ] The patient has no objective evidence of cardiovascular disease that would contraindicate recreational scuba diving at this time.

[ ] The patient has a stable cardiovascular condition that, in my clinical opinion, does not pose an increased risk for diving-related injury or cardiac events during exertion.

Physician's Recommendation:

[ ] CLEARANCE GRANTED: I find no cardiac contraindications to recreational scuba diving.

[ ] CLEARANCE GRANTED WITH RESTRICTIONS: [Insert Restrictions, e.g., depth limits, no strenuous currents]

[ ] CLEARANCE DENIED: The patient is not medically fit for scuba diving due to cardiac concerns.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Board Certification/Specialty]
[Clinic/Hospital Name]
[Phone Number]
[Email Address]