To: Dive Medical Officer / Dive Instructor

From: [Physician Name]

Date: [Date]

Subject: Medical Clearance for Return to Recreational Scuba Diving

Patient Name: [Patient Name]
Date of Birth: [DOB]

To whom it may concern,

I have evaluated the above-named patient regarding their fitness to return to scuba diving following [Reason for Medical Evaluation/Injury/Illness].

Based on my clinical examination and a review of the RSTC (Recreational Scuba Training Council) medical standards, I find the patient to be:

[ ] **Medically Fit:** The patient has no currently known conditions that are incompatible with recreational scuba diving.

[ ] **Medically Unfit:** The patient has conditions that pose an unacceptable risk to their safety or the safety of others while diving.

Restrictions or Recommendations (if any):
[Insert specific restrictions, such as depth limits or duration of clearance, here]

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical License Number]
[Clinic/Hospital Name]
[Phone Number]