Date: [Insert Date]

To: [Patient Name]
Date of Birth: [Insert Date of Birth]

Dear [Patient Name],

Following a review of your medical history and recent physical examination, I am writing to inform you that I cannot provide medical clearance for you to participate in recreational scuba diving at this time.

This decision is based on the following medical condition(s) or finding(s):

- [Insert Specific Condition or Contraindication]

Under the current medical standards for diving safety (such as those outlined by UHMS or DAN), these factors present an increased risk of injury or medical emergency while underwater. Diving involves physiological stresses-including pressure changes and increased physical exertion-that may exacerbate your condition.

If your medical status changes in the future, or if you undergo further diagnostic testing, we can re-evaluate your fitness for diving. I recommend consulting with a specialist in [Insert Specialty] for further management of your condition.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Clinic/Facility Name]
[Contact Information]