Date: [Insert Date]

To: [Company Name/Regulatory Body]

Subject: Certificate of Medical Fitness for Commercial Diving

Diver Information:
Name: [Diver Full Name]
Date of Birth: [MM/DD/YYYY]
ID/Passport Number: [Insert Number]

To whom it may concern,

I, Dr. [Physician Name], a licensed medical practitioner, have performed a comprehensive medical examination on the above-named individual on [Date of Examination]. This examination was conducted in accordance with [Insert Standard, e.g., OSHA, HSE, or ADCI] medical requirements for commercial divers.

The evaluation included a review of medical history, physical examination, and the following assessments:

- Pulmonary Function (Spirometry)
- Audiometric Testing
- Visual Acuity and Color Vision
- Cardiovascular Stress Test (if applicable)
- Neurological Assessment

Based on these findings, I certify that [Diver Full Name] is:

[ ] Fit to Dive: The individual is physically and mentally fit to perform commercial diving duties, including hyperbaric exposure and strenuous underwater labor.

[ ] Fit with Limitations: The individual is fit to dive subject to the following restrictions: [Insert Restrictions].

[ ] Unfit to Dive: The individual is not cleared for commercial diving activities at this time.

This certification is valid until [Expiration Date], unless a significant change in medical status occurs.

Sincerely,

Signature: _____
Dr. [Physician Full Name]
Medical License Number: [Insert Number]

Clinic/Hospital Name: [Insert Name]
Contact Number: [Insert Phone Number]