

[Date]

TO: [Company Name / Regulatory Authority]
RE: Medical Certification for Commercial Diving

Patient Name: [Full Name of Diver]
Date of Birth: [MM/DD/YYYY]
Examination Date: [MM/DD/YYYY]

To Whom It May Concern,

This letter serves to certify that I have performed a comprehensive medical examination on the above-named individual in accordance with the [**Specify Standards, e.g., ADCI / IMCA / OSHA**] medical requirements for commercial divers.

Based on the clinical findings, medical history, and diagnostic tests performed, I have reached the following determination:

FIT: The candidate is medically fit to perform commercial diving duties, including hyperbaric exposure, without restrictions.

FIT WITH RESTRICTIONS: The candidate is fit for diving duties subject to the following limitations: [Enter Restrictions].

UNFIT: The candidate is not medically cleared for commercial diving duties at this time.

This certification is valid until [**Expiration Date**], unless a significant change in the diver's medical status occurs prior to that date.

Sincerely,

[Doctor Signature]
[Doctor Name, Degree]
[Medical License Number]
[Facility Name]
[Phone Number]