

Certified Diver Medic Technician

Fitness to Work in Pressurized Setting Medical Examiner Recommendations

National Board of Diving & Hyperbaric Medical Technology
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Applicant/Employee: _____

Employer: _____

Date of Birth: _____

Position Title: _____

Date of Exam: _____

Considering any job-related information provided to me by the employer: either before or upon my request during the course of my evaluation, it is my opinion, that based on the results of the:

- Physical Examination
- Physical Agility Testing
- Medical Test as required by _____

The aforementioned individual is:

- Medical cleared as fit to work in pressurized settings
- Medically cleared as fit for employment except that a condition exists which limits work as follows * _____

PHYSICIAN Signature: _____

Physician Stamp

Name: _____ **Date:** _____

Contact:(Tel: Email) _____

* In compliance with the Americans with Disabilities Act, the medical examiner may not list on this form either medical diagnoses or conditions. Only restrictions and/or job-related tasks that cannot be adequately performed by the applicant/employee are to be listed.