



U.S. FISH AND WILDLIFE SERVICE



SCUBA DIVING MEDICAL EXAMINATION FORM

~ PHYSICIAN'S QUALIFICATION STATEMENT ~

1. EMPLOYEE INFORMATION (Employee)

Employee Name: _____	SSN: _____	DOB: _____
Physician's Address: _____	Physician's Tele.: _____	
_____	Physician's Fax: _____	

FINDINGS

2. ATTENDING PHYSICIAN (Physician)

* If attending physician is a Hyperbaric Trained Physician, then they can act as the reviewing physician.

This SCUBA Diving Medical Examination has resulted in: a. No Significant Findings - Employee is medically qualified to work in hyperbaric conditions underwater. b. Significant Findings - Employee does not meet medical qualifications to work in hyperbaric conditions underwater. c. Inconclusive Findings - Further medical testing/information required before final recommendation can be made for employee to work in hyperbaric conditions underwater. Name of Attending Physician (please print): _____ Signature of Attending Physician: _____ Date: _____

3. REVIEWING PHYSICIAN (HYPERBARIC TRAINED)

Review of the subject SCUBA Diving Medical Examination has resulted in the following finding: a. Employee <u>is</u> medically qualified to work in hyperbaric conditions underwater. b. Employee <u>is not</u> medically qualified to work in hyperbaric conditions underwater. Name of Reviewing Physician (please print): _____ Signature of Reviewing Physician: _____ Date: _____
