



OCCUPATIONAL DIVER'S CERTIFICATE OF MEDICAL FITNESS

This certificate of medical fitness is granted as a result of having passed a comprehensive occupational diver's medical fitness examination conducted by a physician knowledgeable and competent in diving medicine.

DIVER INFORMATION

Diver's Last Name (please print)	First Name(s)	Social Insurance Number	Date of Birth (dd/month/yyyy)
Mailing Address		City	Postal Code
Home Telephone Number		Cellular/Business Phone Number	

OCCUPATIONAL DIVER'S MEDICAL FITNESS EXAMINATION RESULTS

Classification <input type="checkbox"/> Fit <input type="checkbox"/> Unfit <input type="checkbox"/> Fit with restrictions (specify restrictions)	
Date of examination (day/month/year)	Date of medical certification (day/month/year)
Expiry date of medical fitness certificate (must be renewed at least every 2 years up to age 39 years and annually from age 40 onwards or MORE FREQUENTLY IF CLINICALLY INDICATED) <input type="checkbox"/> 2 years from date of examination <input type="checkbox"/> 1 year from date of examination <input type="checkbox"/> Other (Specify expiry date _____ (dd/month/yyyy))	
Physician's name (please print clearly)	Physician's Signature
Mailing Address	City Postal Code
Telephone Number	Cellular/Business Phone Number