



MEDICAL CERTIFICATE for the use of the "scuba diver"

*To be completed (in capitals) and **signed prior to the medical examination:***

Name :	Surname :
Date of birth : ... / ... /	Age reached during the year : years old
Federation(s) :	
Certificate(s) :	
Date : ... / ... /	Signature of the member :

Medical Fitness - Adult Scuba Diving

The medical examination has no other purpose than to allow the practice of scuba diving at the least risk for the candidate. It is done for the safety of the divers. It is therefore necessary for candidates to answer the doctor's questions carefully and truthfully. The examining doctor will pay particular attention to the following points, knowing that they represent relative or absolute contraindications, putting the candidate's life in danger. This list is indicative and not exhaustive:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Pregnancy; • Any form of asthma; • Pneumothorax and pulmonary "air traps"; • Pulmonary infections; • Otorhinolaryngology conditions, especially those causing vertigo; • Difficulties in compensating for pressure in the ears and sinuses; • Cavities and fillings in poor condition; • Cardiac or circulatory diseases responsible for left-right shunts, reduced myocardial perfusion | <ul style="list-style-type: none"> • Untreated high blood pressure; • Degenerative neurological diseases; • Epilepsy and convulsions (even when treated); • Nervous breakdowns and mental illnesses; • Alcohol abuse or "drug" use; • Untreated major lipid metabolism disorders; • Unhealed fractures or fractures less than six months old; • A history of diving accidents; • Regular use of certain medications; • Active ulcers of the digestive tract; • Closed angle glaucoma. • Diabetes, even if treated (insulin-dependent or not); |
|---|---|

The occurrence of a disease from this list requires a new medical examination.

It is recommended that the examining physician :

- Perform any additional examination he/she deems necessary;
- To invite the candidate to countersign the declaration ;

I, the undersigned, medical doctor, declare that I have read the guidelines concerning the relative or absolute contraindications to the practice of scuba diving, and certify for the member, whose references are above:

(Check or uncheck the boxes below)

- Not to have noted this day, subject to the exactitude of its declarations, of contra-indication clinically detectable with the practice from 14 years of age of the following disciplines:
 - Scuba diving in open waters;
 - Freediving in open waters;
 - Swimming with fins ;
 - Training in swimming pools of the discipline(s)
 - Had a stress ECG on. / / (Mandatory for new members / recommended for existing members)
- To have established a temporary incapacity until. / / to practice the discipline(s)
- To have noted a permanent inability to practice the discipline(s)

ATTENTION: please write in the box the number of boxes checked above :

DOCTOR'S STAMP	SIGNATURE OF THE DOCTOR	SIGNATURE OF THE MEMBER
	Date : ... / ... /	Date : ... / ... /