

# Certified Diver Medic Technician

## Fitness to Work in Pressurized Settings Medical Examiner Recommendations

National Board of Diving & Hyperbaric Medical Technology  
9 Medical Park, Suite 440, Columbia, SC 29203 USA  
Phone: (803) 434-7802 Fax: (866) 451-7231  
E-Mail: nbdhmt@aol.com  
www.nbdhmt.org

**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 Testing, as required by \_\_\_\_\_

The aforementioned individual is:

- Medically cleared as fit to work in pressurized settings
- Medically cleared as fit to work in pressurized settings, except that a condition exists which limits work as follows: see attached
- Not cleared to work in pressurized settings

**Physician I.D. Stamp**

**PHYSICIAN Signature:** \_\_\_\_\_

**Physician 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.