

Certified Diver Medic Technician

Fitness to Work in Pressurized Settings 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 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.