

DIVING MEDICAL FITNESS POST COVID CERTIFICATION

In accordance with *ASNZS 2299*, and with reference to *SPUMS Recreational Diving Medical Guidelines 2020* and the *DMAC33 Rev 3 Guideline for Return to Diving after COVID-19*.

I Dr..... certify that

Candidate's name

DOB:

Has been assessed for medical fitness to return to diving following **COVID illness** and has been found:

- Fit to dive/work under pressure
- Permanently unfit
- Temporarily unfit – Review date
- Decision pending

Categories of Occupational diving for which fitness was assessed:

- All occupational diving
- All occupational diving except saturation
- Other

They are due for their next annual diving medical on

Advice provided:

Comments:

I confirm that I have training in, and hold the authority to complete occupational and recreational diving medical assessments.

Signed

Doctor's name

Date

Candidate's signature