AS/NZS 2299.1 Occupational Diver Medical Fitness Certificate

I, _____, certify that

(Doctor's name)

_____

(Candidate's name)

has been assessed for medical fitness to dive in accordance with AS/NZS 2299.1:2015 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 .....**

Advice provided:

Comments:

I confirm that I have received formal training in the conduct of occupational diving medical examinations.

Signed .....

Doctor's name (print) .....

Date .....

Candidate's signature .....

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