

ANNEX 8C

**MEDICAL CERTIFICATE OF FITNESS TO UNDERTAKE SERVICE SPORTS DIVING
UNDER JOINT SERVICE SUB AQUA CLUB AND BRITISH SUB AQUA CLUB
REGULATIONS**

Surname	Forename(s)	Rank/Rating	Service Number	Date of Birth

Male/Female	Nationality	Regt/Corps/Command	Ship/Unit/Station

<p>I am aware of my legal obligation under Regulation 13 of the Diving at Work Regulations 1997 which states that: <i>No person shall dive in a diving project if he/she knows of anything (including any illness or medical condition) which makes him/her unfit to dive.</i></p>	<p>Diver's Signature:</p> <p>Date:</p>
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EXAMINING MEDICAL OFFICER

Name	Rank	Appointment

Place of Examination	Date of Examination	Date of Commencement of Certification of Fitness	Date of Expiry of Certification of Fitness

I confirm that the above person is medically fit / unfit to undertake Service Sports Diving

Restriction if applicable:

I confirm that I have performed the medical examination in accordance with BRd 1750A and that I have had sight of relevant primary care records.

Signature:

Unit Stamp

Date:

Unit Telephone Number: