

## LEAFLET 12-03

**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><b>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></b></p>	<p><b>Diver's Signature:</b></p> <p><b>Date:</b></p>
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**EXAMINING MEDICAL OFFICER**

Name	Rank	Appointment

Place of Examination	Date of Examination	Date of Commencement of Certificate of Fitness	Date of Expiry of Certificate 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:**