

WORK SAFE BC

WORKING TO MAKE A DIFFERENCE

Location: Occupational Disease Services,
 8951 Westminster Highway, Richmond BC
 (Mailing Address: Medical Secretary, Occupational Disease
 Services, PO Box 2195 Stn Terminal, Vancouver BC V6B 3V7

Telephone 604 276-5140
 Fax 604 276-3014
 www.WorkSafeBC.com

OCCUPATIONAL DIVER'S CERTIFICATE OF MEDICAL FITNESS

This certificate of medical fitness is granted as a result of having passed a comprehensive occupational diver's medical fitness examination conducted by a physician knowledgeable and competent in diving medicine.

Diver information

Diver's last name (please print)	First name(s)	Social insurance number	Date of birth
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Mailing address	City	Postal code	
[REDACTED]	[REDACTED]	[REDACTED]	
Home telephone number ()	Business telephone number ()		
[REDACTED]	[REDACTED]		

Occupational diver's medical fitness examination results

Classification Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/> Fit with restrictions <input type="checkbox"/> (specify restrictions)			
Date of examination yyyy-mm-dd	[REDACTED]	Date of medical certification yyyy-mm-dd	[REDACTED]
Expiry date of medical fitness certificate (must be renewed at least every 2 years up to age 39 years and annually from age 40 years onwards, or MORE FREQUENTLY IF CLINICALLY INDICATED*)			
2 years from date of examination <input checked="" type="checkbox"/> 1 year from date of examination <input type="checkbox"/> Other* <input type="checkbox"/> - Specify expiry date (yyyy-mm-dd)			
Physician's signature	Mailing address		
[REDACTED]	[REDACTED]	City	Province
Physician's name (please print clearly)	[REDACTED]	Postal code	[REDACTED]
	Telephone number ()	Fax number ()	