

# Medical examination

Name: ..... First name: .....

Birth date: ..... / ..... / ..... Club: .....

License/title: ..... Date medical examination: ..... / ..... / .....

## Cover notes for the examining physician

- A list of contraindications can be downloaded on the NELOS website on the page 'Geneeskundig onderzoek' ([www.nelos.be/medisch](http://www.nelos.be/medisch)).
- In case of doubt, consultation with a doctor who is a member of the Medical Commission is recommended (list on [www.nelos.be/medisch](http://www.nelos.be/medisch)).
- Divers with diabetes must always be examined by a doctor who is a member of the Medical Commission.
- The website ([www.nelos.be/medisch](http://www.nelos.be/medisch)) includes a list of other indications where examination by a doctor who is a member of the Medical Commission is necessary.
- An exercise electrocardiogram (ECG) (cyclo-ergometer or bike test) is compulsory from the age of 45, at least once every 5 years.
- After a decompression accident, a diver must always be re-examined by a doctor of the Medical Commission

Clinical examination		
HEART	Blood pressure	/ mmHg
	Heart rate	bpm
	Cardiac auscultation	
	Date last exercise ECG	
LUNGS	Lung auscultation	
	Spirometry	
ENT	Ear inspection	
	Mouth and throat inspection	
	Reflexes	
	Muscle strength limbs	
	Sight	
	Hearing	
URINE	Urine dipstick	

Return the duly completed certificate to your club secretary



Doctor: ..... hereby declares that (name + first name):  
..... of the Club: .....

- ☐ Does not present any contraindications to practice scuba diving
- ☐ Has no contraindications, provided restrictions communicated to the diver, to practice the sport of diving
- ☐ Has contraindications/ provisionally has contraindications (cross out what doesn't apply) to practice diving
- ☐ Has no contraindications to freediving
- ☐ Has no contraindications to engage in other water-related activities

Date last exercise ECG: ..... / ..... / ..... Signature and stamp of doctor:

Date medical examination: ..... / ..... / ..... Location medical examination:

**The candidate agrees and the information provided is complete and correct**

Signature of the member:

Date: ..... / ..... / .....

This certificate is only when signed by both the physician as well as the member.