

APPENDIX C
FAU Scientific Diving Program
Diver Application Form

Name:	Date of Birth: / /	Sex: M F
Campus:	Department:	
Home Phone: () Office:	Email:	
Are you currently scuba certified? Y N Certification organization? _____	Date of last physical? _____	
Diving Plans: Project and department with which you will be diving at FAU: _____ _____ _____		
Home Address: Street: _____ City: _____ Apt. No: _____ Zip: _____		
Emergency Contact Information: Name: _____ Relationship: _____ Street: _____ City: _____ State _____ Home Telephone: () _____ - _____ Work Phone: () _____ - _____		
I wish to apply for entry into the Florida Atlantic University Scientific Diving Program. I agree to abide by the policies of the FAU Scientific Diving Control Board and to adhere to their policies and procedures concerning all scientific diving activities. Mail completed form to EH&S or fax to: (561) 297-2210.		
_____	_____	
Printed name	Date	

Signature		

Personal Diving Experience

DIVE TRAINING:

Level	Certifying Agency	Location	Total Hours			Date of Completion	Instructor name and # if known
			Lecture	Pool	Water		

OTHER RELATED TRAINING:

Date of Completion and Organization	
CPR	Water Safety Instructor
First Aid	Life Guard
EMT, DMT, or Paramedic	Swimming
Chamber Operator	CG Aux. Boating
Dive Accident Management	Oxygen First Aid

Brief description of other diving training (military, commercial, scientific, public safety): _____

EXPERIENCE:

Total Number of Dives _____ Total Bottom Time _____
 Maximum Depth _____ Date of Last Dive _____
 Number of Dives (last year) _____ Maximum Depth (last year) _____

Indicate number of dives for each depth category and depth range that you have completed:

Equipment	0-30'	31'-60'	61'-100'	101'-130'	131'-150'	151'-190'	>190'
Scuba							
Decompression Scuba							
Mixed Gas							
Surface Supply							
Closed Circuit							
Lock-out or Bell							
Saturation							
Hard Hat							
Dry Suit							
Nitrox							

Indicate with appropriate letter your degree of experience diving in the following conditions:

E = Extensive (>20 times)

M = Moderate (5-20 times)

L = Limited (1-4 times)

_ = Leave blank if no experience

_____ Small Boat

_____ Ship

_____ Beach

_____ Rocky Shore

_____ Heavy Surf

_____ Current (>1/2 knot)

_____ Ice

_____ Cave

_____ Wreck

_____ Night

_____ Altitude (>2000')

_____ Blue Water

_____ Cold Water (<45°F)

_____ Turbid (<3' visibility)

_____ Fresh Water

_____ River

_____ Ocean

_____ Mud/Silt Bottom

_____ Kelp Forest

_____ Coral reef

_____ Vertical Wall

_____ Blue Hole

List geographical areas that you have dived: _____

Have you experienced nitrogen narcosis? _____ What depth? _____

Have you experienced any diving related injury? _____

Briefly describe each incident _____

Have you ever been treated in a recompression chamber? _____ What depth? _____

Indicate date, place, and physician _____

STATEMENT

I certify that the above information is correct. I agree to follow the safety regulations of the FAU "Diving and Boating Safety Manual" and to abide by whatever limitation and restriction may be imposed by FAU diving officials.

Print Name

Date

Signature