

Scientific Diver Registration

DIVERname:	Date:
Department:	Supervisor:
Currentaddress:	
Birthdate:	Current phone:
In case of emergency contact name:	
Relationship to diver:	Phone number:
Doctor name & phone number:	

Current certification status	Yes	No	Date
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First aid & CPR

Recreational diving record		
Highest recreational diving certification:		
Number of openwater dives:		
Cold water dive experience?	Yes	No