



Scientific SCUBA Diver Clearance Form

APPLICANT:

Name: Last- _____ First- _____

Mail address: street/city _____

Country/postal/zip: _____

Phone / fax numbers: Phone- _____ Fax- _____

Email: _____

Height: _____ Weight: _____

Sex: _____ Age: _____

BMSC Status: Staff Researcher Student Other

Emergency Contact: _____

Relationship: _____

Phone: _____

Mail address: street/city _____

Country/postal/zip: _____

DIVING EXPERIENCE:

Certifying Organization: _____ No: _____ Date: _____

Highest diving certification held: _____ No: _____ Date: _____

Date of last dive: _____

dives in the last 12 months: _____ Total # dives: _____

Number of ocean dives: _____ # cold water dives: _____

Approx. # dives at 0-30 feet: _____ 30-60 feet: _____

60-100 feet: _____ > 100 feet: _____

Geographical location of most dives: _____

List any First Aid, Live Saving of Diving Specialty courses you have successfully completed:

The above accurately summarized my diving experience.

Signature: _____ Date: _____