



DIVING HISTORY & AUTHORIZATION FORM
(PLEASE PRINT)

Name of diver: _____
(Date) _____

Written scientific diving examination _____ Years diving experience _____
Last diving medical examination (Submit Copy) _____ Highest Certification _____
Most recent checkout dive _____ Date and place of certification _____
Scuba regulator/equipment service/test _____ Dives within previous 12 months? _____
CPR training (Agency, Exp) _____ Approximate # of lifetime dives: _____
Oxygen administration (Agency, Exp) _____ 0 -30
First aid for diving (Agency, Exp) _____ 31 - 60
DAN divers insurance (#) _____ 61 - 100
Date of last dive _____ 100+

Depth certification _____ Deepest Dive _____
Any restrictions? (Y/N) _____ if yes, explain: _____

Please check any pertinent specialty certifications:

Dry suit _____ Rescue _____ Blue water _____
Dive Computer _____ Divemaster _____ Altitude _____
Nitrox _____ Instructor _____ Ice/Polar _____
Mixed gas _____ EMT _____ Cave _____
Closed circuit _____ Dive Accident Management _____ Night _____
Saturation _____ Chamber operator _____ HP Cylinder HazMat _____
Decompression _____ Lifesaving _____ Other _____

PLEASE ATTACH COPIES OF BOTH SIDES OF ALL CERTIFICATES LISTED ABOVE

Emergency Contact Information:

Name: _____
Relationship: _____
Telephone: (work) _____ (home) _____
Address: _____

List diving activities or jobs held, type of work involved and geographic area:

Reason for diving: _____

Previous Scientific Diving (AAUS) Institution: (if appropriate) _____

Institution DSO _____ Dates _____



DIVE EQUIPMENT

Item	Make	Model	Serial #
Regulator			
Alt Air Source			
Pressure Gauge			
Depth Gauge			
Timing Device			
Dive Computer			
Buoyancy Compensator			
Dry Suit			
Other:			
Other:			

Consent and Understanding of Risk

The undersigned and, in the event the undersigned is under eighteen years of age, the undersigned's parents and/or guardians hereby declare:

- (1) That he/she/they are fully aware of the special dangers and risks inherent in **diving**.
- (2) That the undersigned **has read and is familiar** with the Diving Safety Manual as published by University of Massachusetts Boston, and
- (3) That being fully informed as to these risks and to the material contained in the Diving Safety Manual, he/she/they consent to participation in diving under the auspices of University of Massachusetts Boston.

Dated, this _____ day of _____ 20____

Participant _____

Parent (or guardian) _____

Date received _____ Signature UMB DSO _____

Status _____ Depth limit _____ Dry suit _____

Limitation _____