



### Scientific Diver Registration

<b>DIVER name:</b>	<b>Date:</b>
<b>Department:</b>	<b>Supervisor:</b>
Current address:	
Birthdate:	Current phone:
In case of emergency contact name:	
Relationship to diver:	Phone number:
Doctor name & phone number:	

<b>Current certification status</b>	<b>Yes</b>	<b>No</b>	<b>Date</b>
Dive medical			
First aid & CPR			
Oxygen administration			

<b>Recreational diving record</b>		
Highest recreational diving certification:		
Number of open water dives:		
Cold water dive experience?	Yes	No