Personal Diving Information

Revision Date: 06/27/18

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| NAME | SSN or MI Driver’s License or Umich Student ID |
| HAVE YOU HAD A DIVING MEDICAL EXAMINATION? (YES/NO)? |
| DATE (MOST RECENT MEDICAL EXAM) | LOCATION OF EXAMINATION | PHYSICIAN |
| DIVER TRAINING & EXPERIENCE |
| COURSE | DATE CERTIFIED | LOCATION | INSTRUCTOR | AGENCY | VERIFICATION (OFFICIAL USE ONLY) |
| Open Water Scuba Diver |  |  |  |  |  |
| Advanced Open Water Scuba Diver |  |  |  |  |  |
| ARC First Aid Or Equivalent |  |  |  |  |  |
| ARC CPR Or Equivalent |  |  |  |  |  |
| ARC Life Saving/Water Safety |  |  |  |  |  |
| DAN Oxygen Provider |  |  |  |  |  |
| Rescue Diver |  |  |  |  |  |
| Specialty Diver |  |  |  |  |  |
| Night |  |  |  |  |  |
| Deep |  |  |  |  |  |
| Navigation |  |  |  |  |  |
| Boat Diving |  |  |  |  |  |
| Other Specialty Training (List) |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Divemaster |  |  |  |  |  |
| Assistant Instructor |  |  |  |  |  |
| Instructor |  |  |  |  |  |

**Additional Information**

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| **DIVING EXPERIENCE: NUMBER OF DIVES** |
|  | **DEPTH:****0-30 FT** | **DEPTH:****31 TO 60 FT.** | **DEPTH:****61 TO 100 FT.** | **DEPTH:****>100 FT.** | **TROPICAL OCEAN** | **NON-TROPICAL OCEAN** | **FRESH WATER** |
| Since Training |  |  |  |  |  |  |  |
| Past 5 Years |  |  |  |  |  |  |  |
| Past 12 Months |  |  |  |  |  |  |  |
| Can you provide logbook documentation of diving experience? (Yes/No) |
| **PERSONAL DIVING EQUIPMENT** |
| **ITEM** | **DATE OF MOST RECENT PROFESSIONAL MAINTENANCE** | **PROOF OF MAINTENANCE** | **VERIFICATION****(FOR OFFICIAL USE ONLY)** |
| Regulator |  |  |  |
| Buoyancy Control Device |  |  |  |
| Cylinders |  |  |  |
| Dive Computer |  |  |  |
| **GENERAL INFORMATION** |
|  | YES | NO | COMMENT |
| What dive table do you plan to use? PADI Recreational Dive Planner, NAUI, SSI. or Other (Please Specify Under Comments) |  |  |  |
| Do you feel that you are prepared to complete a test on the use of your dive table at this time? |  |  |  |
| Do you plan to use a dive computer? If so, give make and model (Please Specify Under Comments). |  |  |  |
| Did your training course (s) include specific instruction in recognition of and first aid for arterial gas embolism and decompression sickness? |  |  |  |
| Do you feel that you are prepared to complete an essay test on first aid for common pressure-related diver injuries at this time? |  |  |  |
| Are you willing to complete a review of basic diving skills in confined water prior to being granted a diver authorization? |  |  |  |

**Additional Information**