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**