



Scientific Diver Registration

DIVER Name:	Date:
Department:	Supervisor:
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	
Current address:	
D.O.B:	Phone #:
In case of emergency contact name:	
Relationship to Diver:	Phone #:
Physician Name:	Phone #:

Current Certification Status	Yes	No	Date
Dive medical			
First aid			
CPR			
Oxygen therapy			

Recreational Diving Records:		
Highest recreational diving certification		
Number of open water dives		
Maximum depth of deepest dive		
Cold water diving experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please submit completed form to dso@mun.ca