

DIVING QUESTIONNAIRE

University of Florida
Division of Environmental Health and Safety
Diving Science and Safety Program

Name _____ UFID# _____ Date _____

Address _____ State _____ Zip _____

Phone:(Cell) _____ (Home) _____
(Office) _____

Birthdate _____ Sex _____

Email Address: _____

Occupation/College _____

Address _____

Department Diving With _____ Supervisor _____

EMERGENCY contact :

Name: _____ Relationship _____
Address _____

Phone (Home) _____ (Work) _____

Physician _____ Phone _____

Address _____

Last Physical _____ AAUS Physical (Y/N) _____

Certification (please attach a copy of each)

TYPE	AGENCY	DATE	Current?	
Open Water				
Advanced OW				
Rescue				
Nitrox				
AAUS				
First Aid				
CPR				
O2				
HAZMAT				
BBP				

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Diving Experience: Please provide the following information for your log.

Number of months since last active diving period: _____ months

Bottom time using SCUBA: _____ hours

Number of dives using SCUBA: _____

Average depth: _____ feet.

Maximum depth: _____ feet

Recreational diving: _____ years

Scientific diving: _____ years

Decompression diving: _____ years

Mixed gas: _____ years

Saturation diving: _____ years

Military diving: _____ years

Commercial diving: _____ years

Hyperbaric chamber operations: _____ years

Please elaborate on the above, if appropriate.

Diving support required

OFFICE USE ONLY

Reviewed by _____ Entered by _____
Dates _____