

AQUARIUS REEF BASE

DIVER RESUME

Name _____, _____ Date of Birth ____/____/____
 (Last) (First)

Address _____ City, State, Zip code _____

Institution _____ P.I. _____

Telephone: Work () _____ Home () _____

Diving training or certifications. (Attach Xerox copies of each card or certificate.) Also list certifications such as CPR, WSI, EMT, etc.

<u>Level</u>	<u>Date</u>	<u>Location</u>	<u>Instructor or Organization</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complete the following scuba dive history:

0 - 30 FSW # dives	_____	Most recent scuba dive:
30 - 60 FSW # dives	_____	Date _____
60 - 100 FSW # dives	_____	Location _____
100-150 FSW # dives	_____	Depth _____
150+ FSW # dives	_____	BT _____
Total # to date	_____	

Complete the following surface-supplied dive history:

0 - 50 FSW # dives	_____	Most recent surface-supplied dive:
50 - 100 FSW # dives	_____	Date _____
100 - 130 FSW # dives	_____	Location _____
130 - 170 FSW # dives	_____	Depth _____
170+ FSW # dives	_____	BT _____
Total # to date	_____	Type equipment _____
		Breathing mixture _____

Appendix A-6

Place an **X** next to the activity (ies), environment(s), and equipment for which you have diving experience:

- | | | |
|-----------------------------------------|------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Ocean | <input type="checkbox"/> Surface supplied air | <input type="checkbox"/> Dry suit |
| <input type="checkbox"/> Lakes | <input type="checkbox"/> Surface supplied HeO ₂ | <input type="checkbox"/> Hot-water suit |
| <input type="checkbox"/> Rivers | <input type="checkbox"/> Mixed gas diving | <input type="checkbox"/> Band mask |
| <input type="checkbox"/> Altitude | <input type="checkbox"/> Surface decompression | <input type="checkbox"/> Full-face mask scuba |
| <input type="checkbox"/> Strong current | <input type="checkbox"/> Decompression diving | <input type="checkbox"/> Twin scuba tanks |
| <input type="checkbox"/> Cold-water | <input type="checkbox"/> Recompression chamber | <input type="checkbox"/> U/W still photography |
| <input type="checkbox"/> Tropical water | <input type="checkbox"/> Saturation (air) | <input type="checkbox"/> U/W video photography |
| <input type="checkbox"/> Ice diving | <input type="checkbox"/> Enriched Air Nitrox | <input type="checkbox"/> Helmet diving |
| <input type="checkbox"/> Wreck diving | <input type="checkbox"/> 5' or less visibility | <input type="checkbox"/> Lift bags |
| <input type="checkbox"/> Cave diving | <input type="checkbox"/> Jacket-type B.C. | <input type="checkbox"/> Night diving |

Have you ever experienced decompression sickness, air embolism, or other diving accident(s)?

No Yes

If yes, fill in details:

Date _____ Location _____

Dive profile: Depth _____ fsw / Bottom time _____ min.

Equipment used _____ Type problem _____

Physical symptoms observed _____

Initial treatment _____

Follow-up treatment or problems _____

Have you been cleared to resume diving by a qualified Diving Physician?

Yes No Physician's Name: _____

Your signature _____

Date: _____