



INITIAL DIVER APPLICATION AND EXAMINATION PACKAGE

This package contains all of the initial forms required for diving under the auspices of the University of West Florida Scientific Diver Program. This package is in Adobe format and has been designed to be filled out online then printed out. You will need print out a hard copy of this package, sign each of the forms, and turn them in to UWF's Dive Safety Officer. Since each of the forms in this package is filed as a separate document, there will be some redundant information on some of the forms however most of the repeated information will be set up to auto-fill to reduce repetitive input. In order to participate in the Scientific Diving Program, you will be required to take a physical examination. Included in the package is a Medical Release and Examination Form which includes a medical questionnaire which you will need to fill out and take to a physician of your choice. There is also a Physician's Medical Approval Form which your physician will need to fill out after your examination. You will need to turn in both of these forms along with the rest of the completed forms in this package to the MSC Dive Safety Officer. For more information on the requirements for Scientific Diving with the University of West Florida, please consult the "UWF Scientific Diving Guide" which can be accessed in Adobe format in the Forms section of the UWF Marine Services Center web site. The following forms and information are contained in this package:

1. The Scientific Diving Guide Agreement
2. The Complete Liability Release for Diving Operations
3. The Scientific Diver Information Sheet
4. The Medical Release and Examination Form for Diving and Snorkeling
5. Physicians with Expertise in Diving Medicine



SCIENTIFIC DIVING GUIDE AGREEMENT

Your signature on this statement is required as proof that you have read and agree to adhere to the regulations, requirements and procedures for scientific diving established and detailed in the University of West Florida's (UWF) Scientific Diving Guide. Please read this document carefully and direct any questions you may have to the Diving Safety Officer (DSO) prior to signing.

I, _____, understand that as a scientific diver I must:

1. Read and understand the UWF Scientific Diving Guide.
2. Adhere to the regulations, requirements and procedures outlined in UWF's Scientific Diving Guide. This includes, but is not limited to:
 - Diving within my certification limits unless on a training dive with an authorized instructor.
 - Reporting any unsafe practices to the DSO.
 - Reporting all injuries and incidents to the DSO and proper authorities immediately, and seeking appropriate treatment.
 - Abiding by basic safe diving practices, including but not limited to: listening intently to dive briefings and debriefings, following dive plans, maintaining proper buoyancy, **NEVER** holding my breath, being proficient in dive table use.
 - Maintaining personal dive gear correctly, including annual service requirements.
 - Adhering to the Buddy system (as defined in the UWF Scientific Diving Guide) on **ALL** scuba dives.
 - Carrying the appropriate equipment for every dive, including an alternate air source (octopus).
 - Conducting functional checks of diving equipment (both mine and my buddy's) prior to entry.
 - Never ascending faster than 30 feet per minute on **ANY** dive.
 - Carrying out a safety stop (3-5 minute stop at 15 feet) on every dive below 60 feet.
 - Terminating all dives with enough air in my tank to surface with at least **500 PSI**.
 - Ensuring that I understand the proper emergency procedures for each dive that I undertake, and staying current in First Aid and CPR.
 - Never using UWF equipment for any purpose other than its intended and approved use.
3. Not engage in dive activities in an open water environment with special conditions (such as an overhead restriction back to the surface) without express consent of the DSO.
4. Understand that I can deviate from the requirements of the UWF Scientific Diving Guide **ONLY** to the extent necessary to prevent or minimize a situation that is likely to result in death, serious physical harm, or major environmental damage.

Scuba diving is an inherently risky activity. The ultimate responsibility for safety rests with the individual diver. It is my responsibility to and duty to refuse to dive if, in my judgment, conditions are unsafe or unfavorable, or if I would be violating the precepts of my training or the regulations of the UWF Scientific Diving Guide. I further acknowledge that I am at least 18 years of age and am legally responsible for making decisions on my own behalf.

I have read the UWF Scientific Diving Guide, the above statements and have had any questions answered to my satisfaction, and confirm that I understand the regulations, requirements and procedures I am required to follow.

Diver's Signature _____
Date

Witness _____
Date

Diver Last Name: _____ **First Name:** _____ **MI:** _____



COMPLETE LIABILITY RELEASE FOR DIVING OPERATIONS

1. I, _____, UNDERSTAND THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE THE UNIVERSITY OF WEST FLORIDA, AND ITS EMPLOYEES, AGENTS AND DIVE BOATS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED) AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A CONSEQUENCE OF THE FOLLOWING, OR ANY OTHER ACTS OR OMISSIONS ON THEIR PART.
2. I am a certified diver and have been taught and understand that diving and other underwater activities have inherent risks and dangers associated including, but not limited to, equipment failure, perils of the sea and acts of fellow divers I specifically assume such risks.
3. I acknowledge that I am physically fit to engage in underwater diving. I will not hold any of the above named entities responsible if I am injured or have any illnesses or medical problem which occurs while I am diving.
4. I am not taking, nor have I recently taken any drugs or medication, either lawful or unlawful, that would contraindicate diving.
5. Prior to leaving the dock, I will inspect all equipment to be used, (whether personal or equipment belonging to the University of West Florida), and before entering the water, I will notify the Diving Safety Officer, Project Director or Lead Diver (Dive Master) if any of my equipment is not functioning properly.
6. I understand I have a duty to plan and carry out my own dive and am responsible for my own safety and the safety of my buddy.
7. I will be present at and attentive to the safety briefing given on the dive station/boat and if there is anything that I do not understand or have been taught differently, I will request clarification from the Diving Safety Officer, Project Director or Lead Diver (Dive Master) immediately. I will follow the safety precautions outlined including, but not limited to:
 - I will start my ascent at the end of each dive with enough air to perform a proper ascent with a safety stop and guarantee being on the surface with a minimum of 500 PSI remaining in the tank.
 - I will immediately stop my dive if:
 - [1] I feel uncomfortable with my diving abilities; and/or
 - [2] Diving conditions are worse than those for which I have been trained or for which I have experience.
 - I am aware of the dangers of holding my breath while diving and of the dangers associated with rapid ascents.
 - If I become distressed on the surface, I will immediately drop my weight belt and inflate my B.C. for permanent flotation assistance and if I want or need assistance from the boat/dive platform or shore, I will give the proper "diver in trouble" signal.
8. I fully understand and am aware that the dive station/boat is equipped only with first aid supplies and that in the event of illness or injury appropriate medical help must be summoned by radio and that treatment will be delayed until I can be transported to a proper medical care facility.
9. I VOLUNTARILY ASSUME ALL RISK IN CONNECTION WITH SCUBA DIVING ACTIVITIES. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE UNIVERSITY OF WEST FLORIDA, AND ITS EMPLOYEES, AGENTS AND DIVE BOATS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED) AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR ILLNESS OR PERSONAL INJURY, WRONGFUL DEATH OR PROPERTY DAMAGE THAT I MAY SUSTAIN AS A RESULT OF PARTICIPATION IN THE DIVE PROGRAM INCLUDING NEGLIGENCE OF UWF, ITS EMPLOYEES AND AGENTS.
10. I HAVE READ THE FOREGOING IN ITS ENTIRETY AND AGREE TO THE TERMS AND CONDITIONS HEREIN ABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS, AND MY PERSONAL REPRESENTATIVES. I FURTHER ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OF AGE AND AM LEGALLY RESPONSIBLE FOR MAKING DECISIONS ON MY OWN BEHALF.

Diver Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Diver Last Name: _____

First Name: _____ **MI:** _____

Address: _____

Number & Street Address

_____ **City** _____ **State** _____ **Zip**

Home Phone #: _____

email: _____

Work Phone #: _____

SSN: _____

Certifying Agency: _____

Certification #: _____

Diving Information

Total # of logged dives: _____ Maximum recorded depth: _____

Average depth: _____ Self-imposed Depth limit: _____

Dives in the past 12 months: _____

Date and location of most recent SCUBA dive: _____

_____Diving Experience (geographic areas, recreation, research, photography, specialty):

Types of Diving (estimated # of dives):

_____ Beach

_____ Jetties

_____ Rivers

_____ Lakes

_____ Springs

_____ Quarries

_____ Boats (<30')

_____ Ships (>31')

_____ Night Diving

_____ Blue Water

_____ Nitrox

_____ Cold Water

_____ Black Water

_____ Saltwater

_____ Mud or Silt Bottom

_____ Kelp Forrest

_____ Coral Reef

_____ Current/Drift

_____ Dry Suit

_____ Commercial

_____ Military

_____ Scientific

_____ Other: _____

22. Do you get frequent earaches?.....
23. Do you have drainage from the ears?.....
24. Have you ever had ear surgery?.....
25. Do you have trouble equalizing pressure in your ears, especially while diving?.....
26. Do you have any hearing problems?.....
27. Are you susceptible to anaphylaxis (allergic reaction to bee, wasp, or jelly fish stings)?.....
28. Have you ever had asthma?.....
29. Have you ever had wheezing attacks?.....
30. Do you have a chronic or recurrent cough?.....
31. Do you frequently raise sputum?.....
32. Have you ever had pleurisy?.....
33. Have you ever had a collapsed lung (Pneumothorax)?.....
34. Do you have lung cysts?.....
35. Have you had pneumonia?.....
36. Have you ever had tuberculosis?.....
37. Do you get shorter of breath than most?.....
38. Have you ever been told that you have a lung problem or abnormality?..
39. Do you ever spit blood?.....
40. Do you ever have breathing difficulty after eating particular foods, after exposure to particular pollens or animals?.....
41. Are you subject to bronchitis?.....
42. Do you smoke?.....
43. Do you have sinus trouble?.....
44. Have you ever had an air embolism after diving?.....
45. Have you ever had subcutaneous emphysema (air under the skin)?
46. Have you ever been told you have a murmur?.....
47. Have you ever been told you have an enlarged heart?.....
48. Have you ever had pounding, rapid heartbeat or palpitations?.....
49. Have you ever had angina (heart pains or pressure in the chest)?.....
50. Did you ever have a heart attack?.....
51. Have you been told you had an abnormal EKG?.....
52. Have you ever had high blood pressure?.....
53. Do you ever have low blood pressure?.....
54. Do you get fatigued or short of breath easily?.....
55. Do you have any allergies?.....
56. Do you have recurrent or persistent swelling of the legs?.....
57. Do you suffer from joint problems, dislocations or arthritis?.....
58. Have you ever had back trouble or back injuries?.....
59. Have you ever had a ruptured or slipped disc?.....
60. Have you had any fractures or broken bones?.....
61. Do you suffer from muscle cramps?.....
62. Do you have serious varicose veins?.....
63. Do you have any amputations?.....
64. Have you ever had a head injury causing unconsciousness?.....
65. Have you experienced any paralysis?.....
66. Do you have any limiting physical handicaps?.....
67. Have you ever had rheumatic fever?.....

YES NO

- 68. Do you have Diabetes?.....
- 69. Have you ever had scarlet fever?.....
- 70. Do you have any bleeding disorders?.....
- 71. Do you wear glasses or contact lenses?.....
- 72. Do you wear dental plates?.....
- 73. Are you pregnant or think you might be pregnant?.....
- 74. Do you have any other serious medical conditions not listed above?.....

If the answer is yes to any of the above, please note which number you are referring to and list any pertinent information including dates and circumstances below:

Remarks: _____

Do you have previous diving experience? **Yes:** **No:** Do you participate in active sports? **Yes:** **No:**



PHYSICIAN'S MEDICAL APPROVAL FOR DIVING AND/OR SNORKELING

Patient Name: _____

Blood pressure: _____

Vision: Uncorrected: R 20/_____ L 20/_____ Corrected: R 20/_____ L 20/_____

Ears: _____ Hearing: _____

Nose: _____ Throat: _____

Heart: _____ Lungs: _____

Date of previous medical exam: _____

PHYSICIAN'S DETERMINATION*: I have seen the attached medical history (3 pages), examined the applicant, and based on this information I have come to the following conclusions.

_____ **APPROVAL:** I find that this applicant is fit to engage in the following activity(ies): (circle one)

SCUBA DIVING SNORKELING BOTH

_____ **DISAPPROVAL:** This applicant has conditions, which in my opinion would clearly constitute unacceptable hazards to this applicant's health and safety for the purpose diving/Snorkeling.

Physician's Notes:

(Continue on separate sheet if needed)

Physician's Signature: _____ M.D. Date: _____

Address: _____ Phone: _____

***Note to Physician: The Divers Alert Network (DAN) physicians are available for consultation by phone at: (919) 684-2948 during normal business hours.**



PHYSICIANS WITH EXPERTISE IN DIVING MEDICINE

List of local Medical doctors that have training and expertise in diving or undersea medicine:

1. Gregory L. Moore, M.D.
Immediate Care
West Florida
(850) 474-8572

2. Donald R. Mason, M.D.
Immediate Care Clinic
(850) 474-8572

3. Mickey Daum, M.D.
West Pensacola Family Medical
321 S. Fairfield Drive
(850) 474-8546

4. J. Ole Olsen, III, M.D.
Baptist Occupational Medicine
Nine Mile Road and University Parkway
(850) 208-6400