

## 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 \_\_\_\_\_