

NURC/UNCW DIVER RESUME ANNUAL UPDATE

Name _____ Date of Birth ____/____/____
 (Last) (First)
 Address _____ City, State, Zipcode _____
 Institution _____ P.I. _____
 Telephone: Work (____) _____ Home (____) _____

Diver training or certifications completed last 12 months: (Please 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dives last 12 months:

	<u>Scuba</u>	<u>Surface supplied</u>
0- 30 fsw	_____	_____
30- 60 fsw	_____	_____
61-100 fsw	_____	_____
101-150 fsw	_____	_____
151+	_____	_____
Total dives last 12 months	_____	_____

Most recent scuba dive:

Date: _____
 Location: _____
 Depth: _____
 BT: _____

List any new environments or equipment you had experience with during last 12 months:

Have you experienced any diving related illness during last 12 months? No ____ Yes ____

If yes, give details: _____

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

Yes ____ No ____ Physician's name: _____

Your signature: _____ Date: _____