

**APPENDIX 8
DIVING APPLICATION TO MSDP DIVING PROGRAM**

Personal Information

Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Work Phone: _____

Person to contact in case of emergency

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Prior Training (Diving)

TOTAL HOURS

Course Title	Agency	Lecture	Pool	Open Water	Date	Instructor's Name & number

Prior Training (CPR, First Aid, Lifesaving, Swimming, WSI, Boating, etc.)

Course Title	Agency	Date	Instructor's Name

Dive Experience

Depth	Career Dives	Dives in Last 12 Months	Most Recent Dive
0-30 FSW			Date;
30-60 FSW			Location:
60-90 FSW			Depth:
90-120 FSW			BT
150 FSW			
>150 FSW			
TOTAL			

NOTE: Please attach a photocopy of all certification cards.

Please use the appropriate letter to indicate if you have ever had diving experience in the following situations:

E: Extensive (>25 times)

M: Moderate (5-25 time)

L: Limited (1-4 times)

X: No experience

Small vessels (<20')
 Large vessels (20-100')
 Ships (>100')
 Ocean
 Lakes
 Rivers
 Photography
 Altitude
 Strong current
 Cold water

Wreck diving
 Cave diving
 Night diving
 Surface supplied diving
 Mixed gas SCUBA
 Decompression diving
 EMT
 Hyperbaric chamber
 Saturation
 Limited visibility

Drysuits
 Full-face mask
 Hot water suit
 Compressor systems
 Ice diving
 "Blue water" diving
 Lift bags
 U/W communications
 Acoustic location