

University of Hawaii Diving Safety Program

Appendix 1

Application for Scientific Diving Authorization

Section 1. Applicant Information

Date: _____

Applicant Name: _____ Date of Birth: _____

Social Security No.: _____ Sex: _____

UH Faculty: _____ Staff: _____ Post-Doc: _____ Grad Student: _____ Undergrad: _____ Visiting: _____

UH Mailing Address: _____

Home Mailing Address: _____

Home Phone: _____ Campus/Work Phone: _____

Email: _____

Are you currently authorized as a diver in another agency's scientific diving program? Yes / No

Name of Institution _____ AAUS Member? Yes / No

Diving Safety Officer Name: _____ Phone: _____

DSO Address: _____ Email: _____

(If you are seeking AAUS reciprocal diving privileges, include a letter of reciprocity from your home institution's Diving Officer)

In Case of Emergency Contact:

Second Emergency Contact:

Name: _____

Name: _____

Relation: _____

Relation: _____

Address: _____

Address: _____

Phone 1: _____

Phone 1: _____

Phone 2: _____

Phone 2: _____

Date of Last Physical: _____ Date of Last Diving Physical: _____

Describe Proposed Diving under UH auspices: _____

_____ initial depth range: _____

Expected Initial Activities (check all that apply):

___ biology/ecology ___ collecting ___ engineering ___ geology ___ oceanography

___ aquaculture ___ archaeology ___ education ___ field school attendee: _____

___ equipment placement/monitoring ___ ops support ___ ship husbandry

Sponsoring UH Dept./Program: _____ Phone: _____

Dept. Address: _____

Dept. Sponsor Name: _____ Position: _____

Sponsor Affidavit: I agree to sponsor this individual as a University of Hawaii Scientific Diver, and to serve as a contact person and/or coordinator between him/her and the Diving Safety Program, should the need arise.

UH Sponsor Signature: X _____

Section 2: Diving History

Name: _____

Part 1: Diving Training History

Date of First Certification: _____ Agency: _____ Location: _____

Certification Type	Agency	Date	Cert. Number	Course Duration	Location
Openwater Scuba Diver					
Advanced Diver					
Master Diver					
Scuba Rescue Leadership (AI, Dive Master)					
Instructor					
Military Diver					
Commercial Diver					

Other Applicable Training (List Below):

Type of Training	Agency or School	Date(s)	Location

Part 2. Emergency Training History

Date of CPR Training: _____ Agency: _____

Name of Course: _____

Date of First Aid Training: _____ Agency: _____

Name of Course: _____

Date of Oxygen Training: _____ Agency: _____

Name of Course: _____

(Please provide photocopies of all certificates and c-cards to document claimed training)

Part 3. Diving Experience

A. General

Years Diving _____ Age 1st Skin Dive: _____ Age first Compressed Air Dive _____

Military Diving Experience _____

Type of Diving	Total Years	Maximum Depth	Total # Dives	# Dives Last Year	Cumulative Bottom Time
Compressed Air SCUBA					
Compressed Air Surface-supplied					
Nitrox, Open-circuit SCUBA					
Stage Decompression, O/C Scuba					
Trimix/Heliox, O/C Scuba					
Oxygen Rebreather					
Semi-closed Circuit Rebreather					
Closed-circuit Rebreather					
One-Atm. Diving Suit					

B. Activity Profile

Dive Log Totals.	all prev. years				current year	Life Total
Year.....	_____	_____	_____	_____	_____	_____
Number of Dives	_____	_____	_____	_____	_____	_____
Deepest Dive	_____	_____	_____	_____	_____	_____
# Dives with Nitrox 22-40%	_____	_____	_____	_____	_____	_____
# Dives with Staged Decompression.....	_____	_____	_____	_____	_____	_____
# Dives with Mixed Gas	_____	_____	_____	_____	_____	_____
# Dives/hrs. with SCR.....	_____	_____	_____	_____	_____	_____
# Dives/hrs. with CCR	_____	_____	_____	_____	_____	_____

Number of Dives per day: Maximum: _____ Average: _____

List approximate number of dives (Past Year) in the following categories (enter 0 where appropriate)

Depth: < 30 feet: _____ 30-60 feet: _____ 60-100 feet: _____ 100-130 feet: _____ >130 feet: _____

Conditions: Night: _____ Low Visibility: _____ Physical Overhead: _____ Bluewater (No Bottom): _____

Platform: Shore _____ Small Boat Dives: _____ Shipboard Diving: _____ Saturation: _____

Other (Describe): _____

C. Past experience with (indicate all that apply with estimated number of dives):

- _____ Sport Diving _____ Research _____ Education _____ Marine Life Collecting
 _____ Net Tending _____ Aquaculture _____ Saturation _____ Shipboard Diving
 _____ Rebreathers _____ Mixed Gas/Stage Deco _____ Hookah _____ Commercial Diving
 _____ Other: _____

Part 4. Diving Injury History

a. Oronasal

Do you have difficulty clearing your ears on descent, or in aircraft? Yes / No

Does ear difficulty limit your diving? Yes / No

If yes, how often? _____

Have you ever experienced "ear squeeze" to the point of having temporary hearing loss? Yes / No

If yes, how often? _____

Have you ever aborted a dive because of ear problems? Yes / No

If yes, how often? _____

Have you ever had difficulty with your sinuses during a dive? Yes / No

If yes, how often? _____

Have you ever had a sinus squeeze? Yes / No

If yes, how often? _____

Have you ever aborted a dive because of sinus problems? Yes / No

If yes, how often? _____

b. DCI

Have you ever had any form of decompression illness or other diving related injury? Yes / No

(If Yes, attach separate statement, describing time, circumstances, nature of the injury, treatment that you received, the ultimate outcome and any lasting effects.)

APPLICANT'S AFFIDAVIT: I certify that the above information is true to the best of my knowledge and ability. I understand that misstatements on this report can result in loss of my diving privileges under University of Hawaii Diving Safety Program auspices.

Signature of Applicant: X _____ Date: _____

**University of Hawaii Diving Safety Program
Appendix 2**

Assumption of Risk, Waiver and Release

(please read and initial each paragraph, and sign below)

I, _____, the undersigned:
(Print Name)

_____ In full recognition and appreciation of the dangers and hazards inherent in diving to which I may be exposed (including but not limited to arterial gas embolism, ear and/or sinus barotrauma, decompression sickness, drowning, near-drowning, and/or dysbaric osteonecrosis and other long-term effects, as yet poorly defined), and during transportation to and from dive locations, do hereby agree to assume all the risks and responsibilities surrounding my participation in diving or any independent research or activities undertaken as an adjunct thereto;

_____ Further, I do for myself, my heirs, executors, and administrators hereby defend, hold harmless, indemnify and release, and forever discharge the University of Hawaii and all its officers, agents, assigns, and employees from and against any and all claims, demands, and actions, or cause of action, on account of damage to personal property, or personal injury or death, which may result from my participation, and which result from causes beyond the control of, and with or without the fault or negligence of the University, its officers, agents, assigns, and employees, during the period of my participation as aforesaid;

_____ Further, I have read and I fully understand the rules and precautions for conducting diving operations that are part of the requirements for my participation in diving under University auspices, as set forth in the University of Hawaii Diving Safety Manual, as well as those explained to me by the University Diving Officer, and I agree to strictly observe these rules. I understand that failure to comply with these rules may result in review, restriction, or revocation of my authorization to dive under University auspices by the University Diving Control Board.

IN WITNESS WHEREOF, I have caused this release to be executed this _____ day

of _____, 19 ____.

(Signature of Diver)
years)

(Cosignature of Parent or Guardian if diver is under age 18

(Printed/Typed Name)

(Printed/Typed Name)

(Diver Social Security Number)

(Parent/Guardian Phone Number)

**University of Hawaii Diving Safety Program
Appendix 3
Medical Consent Form**

(please read and initial each paragraph, and sign below)

I, _____, consent to and authorize any medical professional and others working under their supervision to treat me for any injury or illness occurring during my University-affiliated diving activities.

_____ I understand that in some instances I may not have Worker's Compensation insurance coverage for injuries if I am participating in University-affiliated diving as a student.

_____ I further agree to pay any and all such medical expenses, costs and other charges not covered by Workers Compensation or other insurance, and to release and discharge and hold harmless the University of Hawaii, its officers, agents, assigns, and employees from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN WITNESS WHEREOF, I have caused this release to be executed this _____ day of _____, 19 ____.

(Signature of Diver)

(Cosignature of Parent or Guardian if diver is under age 18 years)

(Printed/Typed Name)

(Printed/Typed Name)

(Diver Social Security Number)

(Parent/Guardian Phone Number)

IN CASE OF EMERGENCY:

Emergency Contact: _____ **Relation:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Medical Doctor: _____ **Clinic:** _____

Address: _____

Contact Phone Number: _____

Medical Insurer: _____ **Policy No.:** _____

Address: _____

Contact Phone Number: _____

SPECIAL MEDICAL CONSIDERATIONS (allergies, medications, etc...): _____

