

Request For Diving Reciprocity Form

APPENDIX 6

Diver

Date

This letter serves to verify that the above listed person has met the training and pre-requisites as indicated below, and has completed all requirements necessary to be certified as a _____ as established by the Boston University Scientific Diving Safety Manual, and has demonstrated competency in the indicated areas. Boston University is an AAUS OM and meets all AAUS training requirements.

BRIEF SUMMARY

The following is a brief summary of this diver's personnel file regarding dive status at this date.

Date	
Original diving authorization	
Written scientific diving examination	
Last diving medical examination	Medical examination expiration date
Most recent checkout dive	
SCUBA regulator/equipment service/test	
CPR training, Agency	CPR Expiration
Oxygen administration, Agency	O ₂ Expiration
First aid for diving, Agency	First Aid Expiration
Date of last dive Depth (fsw)	
Number of dives completed within previous 12 months?	Depth Certification (fsw)
Total number of career dives?	
DAN #	
YES NO	
Any restrictions? If yes, then explain:	

PERTINENT SPECIALTY CERTIFICATIONS OR TRAINING

EMERGENCY INFORMATION

Name	Relationship	Work Phone	Home Phone
Address	City	State	

VERIFICATION

This is to verify that the above individual is currently qualified as a _____ at Boston University.

Scientific Diving Safety Officer

Scientific Diving Safety Officer Signature

Date

