

Advisor: _____

Client: _____

DOB: _____

Sex: _____

Height _____

Weight _____

Self-Contained Underwater Breathing Apparatus (SCUBA)

Do you dive for pleasure?

- Yes
- No

Do you dive for commercial purposes?

- Yes
- No

Depths	Last 24 Months		Up Coming 12 Months	
	Number of Dives	Average Time	Number of Dives	Average Time
< 60 Feet				
61 – 100 Feet				
101 – 130 Feet				
131 – 150 Feet				
150+ Feet				

Date of Last Dive: _____

Do you engage in:

- Ice
- Cave
- Night Diving
- Search
- Rescue Work
- Salvage

What are the locations of your diving activities?

- Lakes
- Rivers
- Pools
- Ocean Beaches
- Deep Sea
- Other (Specify) _____

How long have you been diving? _____

Will you use mixed gas equipment? (Nitrox, Trimix, Heliox, etc.)

- Yes. How often? _____
- No

Do you dive alone?

- Yes. How often? _____
- No

Are you a certified diver?

- Yes, List Certifications and include dates _____

- No

Are you a member of an organized club? If so, please provide details. _____

Have you ever been treated for decompression sickness or arterial gas embolism?

- Yes, Date and Details: _____

- No