

Old Dominion University Academic Diving Program Diver Reciprocity Form

VERIFICATION OF DIVER TRAINING AND EXPERIENCE

Diver: _____ Email: _____

Address: _____ Phone: _____

Emergency Contact Name: _____ Relationship: _____

EC Phone:(cell) _____ (home) _____ (work) _____

Alternate Emergency Contact:

David Hinkle, ODU Academic Diving Program Dive Safety Officer
Phone: (cell) 757-287-5537 (work) 757-471-2269 (e-mail) dhinkle2@cox.net

Diving Certification: Agency _____ Date _____ Level _____

Scientific Diving Status: Incoming Diver Diver In-Training Scientific Diver
 Expired/Inactive Diver

Reciprocity: AAUS Other _____ Depth Certification _____

	DATE COMPLETED	EXPIRATION DATE	COMMENTS
Diving Medical Exam			
Dive Insurance			
CPR Training & Agency			
1st Aid Training & Agency			
O ₂ Admin. Training & Agency			
Written Dive Exam Passed			
Water Skills Evaluation Passed			
Dive Plan Approved			
Date of Last Dive			
Number of Dives (past 12 months)			
Total Number of Dives			

Comments/restrictions:

Specialty Certifications:

Instructor Commercial Rescue Nitrox Mixed Gas Closed Circuit Surface Supplied
 Dry Suit Ice/Polar Night Cavern/Cave Blue Water Other _____

This diver is currently approved to dive as an ACTIVE AAUS SCIENTIFIC DIVER Yes No

University Diving Officer Signature _____ Date _____