

MARITIME ARCHAEOLOGICAL AND HISTORICAL SOCIETY, INC.

DIVER INFORMATION

This information will be kept confidential within MAHS, except that the medical information may be disclosed to medical care personnel or medical care facilities in the event of an emergency.

DIVER:

Name _____
Address _____
City ST ZIP _____
Email _____ Home phone _____
Work phone _____ Cell phone _____

EMERGENCY CONTACT:

Relationship _____
Name _____
Address _____
City ST ZIP _____
Email _____ Home phone _____
Work phone _____ Cell phone _____

MEDICAL INFORMATION:

Medical insurance _____ Policy number _____
Dive insurance _____ ID number _____
Date of birth _____ Blood type _____
Medical alerts _____
Allergies _____
Medications _____
Physician: Name _____
Address _____
Phone _____ Fax _____

DIVE TRAINING AND EXPERIENCE:

Highest certification _____ Agency _____ Date _____
Specialties _____
Other useful skills _____
CPR training expires _____ First Aid training expires _____
O2 Provider training expires _____ Approximate total dives, lifetime _____
Recent dives (approximate numbers): This Year _____ Last Year _____ Prior Year _____
Archeological training / experience: _____
Low-visibility diving experience: _____
No-visibility diving experience: _____
Cold-water diving experience: _____
High-current diving experience: _____