



**San Francisco State University
Scientific Diving Application**

Name:		
University ID No:	Date of Birth:	
Mailing Address:		
Phone Number:	Home:	Mobile:
Emergency Contact:	Name:	
Mailing Address:		
Phone Number:	Home:	Mobile:

Certifications & Dive Activity (attach photocopies of all certifications to this form)

	Certification Agency	Certification Date
Open Water Scuba		
Advance Open Water Scuba		
Rescue/Dive Master:		
Scientific Diving		
Other Specialties: _____		
CPR		
First Aid		
Oxygen Provider		
No. Dives In Past 12 Months:		
Date Of Last Dive:		

Statement of Understanding

I understand that as part of this Scientific Diving Application, I am required to submit a Medical Evaluation of Fitness for Scuba Diving Report, a Diving Medical History Form, and be approved for scientific diving by the SFSU Diving Safety Officer and Diving Control Board before any SCUBA diving or hyperbaric exposure under the auspices of SFSU and that I must comply with all standards and policies of the SFSU Standards For Scientific Diving Manual.

Signature of Applicant	Date	Signature of SFSU	Date
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