

# AAUS REQUEST FOR DIVING RECIPROCITY FORM

## VERIFICATION OF DIVER TRAINING AND EXPERIENCE

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 (*Scientific Diver / Diver in Training*) as established by the KAUST Diving Safety Manual, and has demonstrated competency in the indicated areas. KAUST is an AAUS OM and meets or exceeds all AAUS training requirements.

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

(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 Exp. \_\_\_\_\_  
Oxygen administration (Agency) \_\_\_\_\_ 02 Exp. \_\_\_\_\_  
First aid for diving \_\_\_\_\_ F.A. Exp. \_\_\_\_\_  
Date of last dive \_\_\_\_\_ Depth \_\_\_\_\_  
Number of dives completed within previous 12 months? \_\_\_\_\_ Depth Authorization \_\_\_\_\_ feet  
Total number of career dives? \_\_\_\_\_

Any restrictions or Waivers of Requirements? (Y/N) \_\_\_\_\_ if yes, explain:

Please indicate any pertinent authorizations or training:

Emergency Information:

Name:

Relationship:

Telephone:

(work)

(home)

Address:

This is to verify that the above information is complete and correct

Diving Safety Officer:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print)