



TEMPORARY DIVER APPLICATION

Mote Marine Laboratory is an Organizational Member of AAUS, and follows the same standards and practices related to Scientific Diving. Individuals who are active divers with an AAUS Organizational Member, EPA, NOAA, or State agency with reciprocity, and certified as a "Scientific Diver" or similar status, can obtain dive clearance by providing a "Letter of Reciprocity/Verification of Training" form from that institutions dive officer. No other forms are required.

Divers who have not completed a "Scientific Diver" training course and/or are not currently an active member of an AAUS Organizational Member's or other Institution's Dive Program may apply for clearance as a Mote Marine Laboratory "Temporary Diver". This clearance is valid only for a limited time, as determined by the Mote Diving Safety Officer, usually for the duration of a specific project, and only allows diving activities from a Mote vessel under direct supervision of the Mote DSO. This "Temporary Diver" status is not to be construed as a mechanism to circumvent existing standards established for scientific diving, but rather to allow non-Mote divers to conduct research diving activities while under direct supervision.

The following is a list of requirements to obtain clearance as a Mote "Temporary Diver". If you are unable to meet ANY of these requirements, please contact the Mote Dive Safety Officer. Temporary dive clearance is granted ONLY after proof/copies of ALL the following are submitted and approved, and completion of an in-water checkout (if deemed necessary). Please complete the checklist below, as well as the additional information requested, and submit this form along with copies of certifications or any other required documentation listed.

- Copy of SCUBA certification (any agency/minimum of Open Water Diver) AND proof of at least 12 dives.
Physicians Approval form (required every 5 years/3 years if over 40/every year if over 60) - you may use the attached form, or provide proof of a similar physical/testing performed within the required timeframe listed above.
Medical History form (valid for 1 year) - the attached form should be completed, discussed with your physician, and submitted along with the Physicians Approval form to the Mote DSO.
Copy of Proof of insurance that covers diving related injuries (active D.A.N. Membership & supplemental D.A.N. dive insurance is sufficient - membership and insurance can be obtained @ www.diversalertnetwork.org)

Please also provide the following additional information, and read and sign the liability release below:

Emergency Contact: (To notify in an emergency)

Name: Relationship:

Telephone: (work) (home)

Address:

Date of last dive? Number of dives in the past year? Experience diving to what depth?

Total # of dives (lifetime)? How many were "research" dives? ?

What is your highest level of SCUBA certification?(level, agency, and year)

Have you ever received training in CPR, First Aid, or Oxygen Administration? Yes / No (circle)

If "yes", please list safety training certifications (approx. date and agency):

Are you aware of the risks of embolism when using scuba at shallow depths?: Yes / No (circle)

Have you ever suffered any type of Diving Accident (hyperbaric trauma, gas embolism, decompression sickness)?

Yes / No (circle) If "yes", please explain on back.

The information I have provided is accurate and up-to-date. I acknowledge that the use of compressed air for scuba diving can be hazardous at any depth, and I expressly assume the risk and accept all responsibility to plan my dive and dive my plan. I affirm that I am in good mental and physical fitness for diving and/or snorkeling, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contra-indicatory to diving and/or snorkeling. If taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs., Furthermore, I hereby release MOTE MARINE LABORATORY and related entities from all liability whatsoever for personal injury or wrongful death that may occur as a result of the inherent risks associated with SCUBA diving/snorkeling or as a result of negligence.

Print Name: Signature: Date: