APPENDIX 1
DIVING MEDICAL EXAM OVERVIEW FOR THE EXAMINING PHYSICIAN

TO THE EXAMINING PHYSICIAN:

This person, _____________________, requires a medical examination to assess their fitness for certification as a Scientific Diver for The Pennsylvania State University. Their answers on the Diving Medical History Form (attached) may indicate potential health or safety risks as noted. Your evaluation is requested on the attached SCUBA Diving Fitness Medical Evaluation Report. If you have questions about diving medicine, you may wish to consult one of the references on the attached list or contact one of the physicians with expertise in diving medicine whose names and phone numbers appear on an attached list, the Undersea Hyperbaric and Medical Society, or the Divers Alert Network. Please contact the undersigned Diving Safety Officer if you have any questions or concerns about diving medicine or The Pennsylvania State University Scientific Diving program standards. Thank you for your assistance.

____________________________________
Diving Safety Officer

____________________________________
Date

____________________________________
Printed Name

____________________________________
Phone Number

SCUBA and other modes of compressed-gas diving can be strenuous and hazardous. A special risk is present if the middle ear, sinuses, or lung segments do not readily equalize air pressure changes. The most common cause of distress is eustachian insufficiency. Recent deaths in the scientific diving community have been attributed to cardiovascular disease. Please consult the following list of conditions that usually restrict candidates from diving.

(Adapted from Bove, 1998: bracketed numbers are pages in Bove)

CONDITIONS WHICH MAY DISQUALIFY CANDIDATES FROM DIVING
1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to autoinflate the middle ears. [5, 7, 8, 9]
2. Vertigo, including Meniere’s Disease. [13]
4. Recent ocular surgery. [15, 18, 19]
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression. [20 - 23]
6. Substance abuse, including alcohol. [24 - 25]
7. Episodic loss of consciousness. [1, 26, 27]
8. History of seizure. [27, 28]
9. History of stroke or a fixed neurological deficit. [29, 30]
10. Recurring neurologic disorders, including transient ischemic attacks. [29, 30]
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage. [31]
12. History of neurological decompression illness with residual deficit. [29, 30]
13. Head injury with sequelae. [26, 27]
14. Hematologic disorders including coagulopathies. [41, 42]
15. Evidence of coronary artery disease or high risk for coronary artery disease. [33 - 35]
16. Atrial septal defects. [39]
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying. [38]
18. Significant cardiac rhythm or conduction abnormalities. [36 - 37]
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD). [39, 40]
20. Inadequate exercise tolerance. [34]
21. Severe hypertension. [35]
22. History of spontaneous or traumatic pneumothorax. [45]
23. Asthma. [42 - 44]
24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae, or cysts. [45,46]
25. Diabetes mellitus. [46 - 47]
26. Pregnancy. [56]

SELECTED REFERENCES IN DIVING MEDICINE
Available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100, the Divers Alert Network (DAN) or the Undersea and Hyperbaric Medical Society (UHMS), Durham, NC

APPENDIX 2
AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

To The Examining Physician: Scientific divers require periodic SCUBA diving medical examinations to assess their fitness to engage in diving with self-contained underwater breathing apparatus (scuba). Their answers on the Diving Medical History Form may indicate potential health or safety risks as noted. SCUBA diving is an activity that puts unusual stress on the individual in several ways. Your evaluation is requested on this Medical Evaluation form. Your opinion on the applicant's medical fitness is requested.

SCUBA diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease (see references, following page). An absolute requirement is the ability of the lungs, middle ears and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant.

Please proceed in accordance with the AAUS Medical Standards (Sec. 6.00). If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

TESTS: THE FOLLOWING TESTS ARE REQUIRED:

DURING ALL INITIAL AND PERIODIC RE-EXAMS (UNDER AGE 40):
- Medical history
- Complete physical exam, with emphasis on neurological and otological components
- Urinalysis
- Any further tests deemed necessary by the physician

ADDITIONAL TESTS DURING FIRST EXAM OVER AGE 40 AND PERIODIC RE-EXAMS (OVER AGE 40):
- Chest x-ray (Required only during first exam over age 40)
- Resting EKG
- Assessment of coronary artery disease using Multiple-Risk-Factor Assessment¹ (age, lipid profile, blood pressure, diabetic screening, smoking)
  Note: Exercise stress testing may be indicated based on Multiple-Risk-Factor Assessment²

PHYSICIAN'S STATEMENT:

________ 01 Diver IS medically qualified to dive for: ________ 2 years (over age 60)
________ 3 years (age 40-59)
________ 5 years (under age 40)

________ 02 Diver IS NOT medically qualified to dive: ________ Permanently ________ Temporarily.

I have evaluated the abovementioned individual according to the American Academy of Underwater Sciences medical standards and required tests for scientific diving (Sec. 6.00 and Appendix 1) and, in my opinion, find no medical conditions that may be disqualifying for participation in scuba diving. I have discussed with the patient any medical condition(s) that would not disqualify him/her from diving but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these conditions.

________________________________________________________
Signature

_______________________________
Date

Name (Print or Type)

________________________________________________________
Address

________________________________________________________
Telephone Number E-Mail Address

My familiarity with applicant is: _____This exam only _____Regular physician for_______ years
My familiarity with diving medicine is: __________________________________________

¹ See references
² See references
Name of Applicant (Print or Type)

I authorize the release of this information and all medical information subsequently acquired in association with my diving to The Pennsylvania State University Diving Safety Officer and Diving Control Board or their designee at (place) on (date)

Signature of Applicant ________________________________ Date__________________

REFERENCES

APPENDIX 3
DIVING MEDICAL HISTORY FORM
(To Be Completed By Applicant-Diver)

Name ________________________________________   Sex ____ Age ___ Wt.___ Ht. ___
Sponsor _______________________________   Date ___/___/___
(Dept./Project/Program/School, etc.)   (Mo/Day/Yr)

TO THE APPLICANT:

SCUBA diving places considerable physical and mental demands on the diver. Certain medical and physical requirements must be met before beginning a diving or training program. Your accurate answers to the questions are more important, in many instances, in determining your fitness to dive than what the physician may see, hear or feel as part of the diving medical certification procedure.

This form shall be kept confidential by the examining physician. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own physician who must then indicate, in writing, that you have done so and that no health hazard exists.

Should your answers indicate a condition, which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, their written authorization will be required in order for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that they are concerned only with your well-being and safety.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Please indicate whether or not the following apply to you</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1</td>
<td></td>
<td>Convulsions, seizures, or epilepsy</td>
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<td>2</td>
<td></td>
<td>Fainting spells or dizziness</td>
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<td>Been addicted to drugs</td>
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<td>4</td>
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<td>Diabetes</td>
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<td>5</td>
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<td>Motion sickness or sea/air sickness</td>
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<td></td>
<td>Claustrophobia</td>
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<td>Mental disorder or nervous breakdown</td>
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<td>Are you pregnant?</td>
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<td>Do you suffer from menstrual problems?</td>
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<td>10</td>
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<td>Anxiety spells or hyperventilation</td>
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<td>11</td>
<td></td>
<td>Frequent sour stomachs, nervous stomachs or vomiting spells</td>
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<td>12</td>
<td></td>
<td>Had a major operation</td>
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<td>13</td>
<td></td>
<td>Presently being treated by a physician</td>
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<td>14</td>
<td></td>
<td>Taking any medication regularly (even non-prescription)</td>
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<td>15</td>
<td></td>
<td>Been rejected or restricted from sports</td>
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<td>16</td>
<td></td>
<td>Headaches (frequent and severe)</td>
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<td>17</td>
<td></td>
<td>Wear dental plates</td>
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<td>18</td>
<td></td>
<td>Wear glasses or contact lenses</td>
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<td>19</td>
<td></td>
<td>Bleeding disorders</td>
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<td>20</td>
<td></td>
<td>Alcoholism</td>
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<td>21</td>
<td></td>
<td>Any problems related to diving</td>
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<td>22</td>
<td></td>
<td>Nervous tension or emotional problems</td>
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<td>23</td>
<td></td>
<td>Take tranquilizers</td>
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<td>24</td>
<td></td>
<td>Perforated ear drums</td>
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<td>Yes</td>
<td>No</td>
<td>Please indicate whether or not the following apply to you</td>
<td>Comments</td>
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<td>25</td>
<td></td>
<td>Hay fever</td>
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<td>26</td>
<td></td>
<td>Frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose</td>
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<td>27</td>
<td></td>
<td>Frequent earaches</td>
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<td>28</td>
<td></td>
<td>Drainage from the ears</td>
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<td>29</td>
<td></td>
<td>Difficulty with your ears in airplanes or on mountains</td>
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<td>30</td>
<td></td>
<td>Ear surgery</td>
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<td>31</td>
<td></td>
<td>Ringing in your ears</td>
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<td>32</td>
<td></td>
<td>Frequent dizzy spells</td>
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<td>33</td>
<td></td>
<td>Hearing problems</td>
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<td>34</td>
<td></td>
<td>Trouble equalizing pressure in your ears</td>
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<td>35</td>
<td></td>
<td>Asthma</td>
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<td>36</td>
<td></td>
<td>Wheezing attacks</td>
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<td>37</td>
<td></td>
<td>Cough (chronic or recurrent)</td>
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<td>38</td>
<td></td>
<td>Frequently raise sputum</td>
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<td>39</td>
<td></td>
<td>Pleurisy</td>
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<td></td>
<td>Collapsed lung (pneumothorax)</td>
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<td></td>
<td>Lung cysts</td>
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<td></td>
<td>Pneumonia</td>
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<td>43</td>
<td></td>
<td>Tuberculosis</td>
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<td></td>
<td>Shortness of breath</td>
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<td>Lung problem or abnormality</td>
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<td>46</td>
<td></td>
<td>Spit blood</td>
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<td>47</td>
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<td>Breathing difficulty after eating particular foods, after exposure to particular pollens or animals</td>
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<td>Are you subject to bronchitis</td>
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<td>Subcutaneous emphysema (air under the skin)</td>
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<td>Air embolism after diving</td>
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<td>Decompression sickness</td>
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<td>Rheumatic fever</td>
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<td>Scarlet fever</td>
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<td>Heart murmur</td>
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<td>Large heart</td>
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<td></td>
<td>High blood pressure</td>
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<td>Angina (heart pains or pressure in the chest)</td>
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<td>58</td>
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<td>Heart attack</td>
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<td></td>
<td>Low blood pressure</td>
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<td>60</td>
<td></td>
<td>Recurrent or persistent swelling of the legs</td>
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<td>61</td>
<td></td>
<td>Pounding, rapid heartbeat or palpitations</td>
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<td>62</td>
<td></td>
<td>Easily fatigued or short of breath</td>
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<td>Yes</td>
<td>No</td>
<td>Please Indicate whether or not the following apply to you</td>
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<td>63</td>
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<td></td>
<td>Abnormal EKG</td>
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<td>Joint problems, dislocations or arthritis</td>
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<td>Back trouble or back injuries</td>
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<td>66</td>
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<td>Ruptured or slipped disk</td>
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<td>67</td>
<td></td>
<td></td>
<td>Limiting physical handicaps</td>
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<td>68</td>
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<td>Muscle cramps</td>
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<td>69</td>
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<td>Varicose veins</td>
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<td>Amputations</td>
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<td></td>
<td></td>
<td>Head injury causing unconsciousness</td>
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<td>72</td>
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<td></td>
<td>Paralysis</td>
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<td>73</td>
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<td>Have you ever had an adverse reaction to medication?</td>
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<td>74</td>
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<td>Do you smoke?</td>
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<td>75</td>
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<td>Have you ever had any other medical problems not listed? If so, please list or describe below:</td>
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<td>76</td>
<td></td>
<td></td>
<td>Is there a family history of high cholesterol?</td>
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<td>77</td>
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<td>Is there a family history of heart disease or stroke?</td>
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<td>78</td>
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<td>Is there a family history of diabetes?</td>
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<td>79</td>
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<td>Is there a family history of asthma?</td>
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<td>80</td>
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<td>Date of last tetanus shot? Vaccination dates?</td>
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</tbody>
</table>

Please explain any “yes” answers to the above questions.

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

I certify that the above answers and information represent an accurate and complete description of my medical history.

_________________________  _____________
Signature                      Date
APPENDIX 10 PSU DIVER QUESTIONNAIRE

PSU ID #: ___________________________ Date: ___________________________

Last Name: ___________________________ First Name ____________________ MI __________

Local Address: ___________________________________________________________
               (# and Street) (City) (State) (ZIP)

Local HOME Phone # ___________________________ WORK Phone # ___________________________

Occupation: ___________________________ Date of Birth _____ / _____ / ______ Gender: ______

E-Mail Address ___________________________ @ ___________________________

Permanent Address: _______________________________________________________
                   (# and Street) (City) (State) (ZIP)

EMERGENCY INFORMATION: In case of an emergency, whom should we contact?

Name: ___________________________________________ Relationship: ___________________________

Home Phone # (_____ ) __________________ Work Phone # (_____ ) ___________________________

Address: _____________________________________________________________
         (# & Street) (City) (State) (ZIP)

Your Doctor:
Name: ___________________________________________ Office Phone No.: (_____ ) ___________

Office Address: ___________________________________________________________
                (# & Street) (City) (State) (ZIP)

Health Insurance Carrier:
Name: ___________________________________________ Phone No.: (_____ ) ___________

Address: _____________________________________________________________
         (# & Street) (City) (State) (ZIP)

Univ. Status: (circle one)  F  S  J    Sr.  Grad. (MS  PHD)  Staff  Faculty

Major: ________________________  Dept.: __________  Major Professor: ______________________

SCIENTIFIC DIVERS MUST COMPLETE A DIVER RESUME IN ADDITION TO THIS QUESTIONNAIRE

Complete this form and return it to:
PSU Science Diving Program
2217 EESB
University Park, PA 16802
Telephone: 814-865-2213
e-mail: tsw113@psu.edu
WWW: http://www.ems.psu.edu/sciencediving

(Rev. 03/2014)
APPENDIX 11
Application for Diving Certification - Diving Resume
The Penn State Science Diving Program

Name _____________________________ Program Entry Date______________ Date of Birth__________________________

Date of Last Physical ______________ Date of Last Chest x-ray____________ Date of Last EKG__________________

Are there any medical conditions that limit your diving? ______ Yes ______ No. If yes, explain on back of form.

Have you ever suffered a diving accident (hyperbaric trauma, gas embolism, decompression sickness)? If yes, explain on back of form.

Certifications:
Attach copies of certification cards or records of training, record agency, type, and year below
Basic diving certification________________________ CPR _______________ First Aid ____________ Specialty Certifications_______________________________________________________

Career Open-Water Dives (estimate):
# Dives ______ # Hours ______ Max. Depth. (fsw) ______ Date & Depth (fsw) of last dive ________________
Self-imposed depth limit __________

Indicate your diving experience in the following categories:
E=Extensive (>20) Moderate (5-20) Limited (1-4) N=None

Diving From Boats/Ships: Other:
_____ Small Boats (up to 20')
_____ Vessels 21'-100'
_____ Ships >100'
_____ Night Diving
_____ Decompression Diving
_____ Diving at Sea (Blue Water)
_____ Diving EMT/Chamber Operator

Shore Diving:
_____ Rocks or "Ironshore"
_____ Surf
_____ Cold Water (<45°F) Diving
_____ Turbid Water (0-5’ visibility) Diving
_____ Very Clear Water (>50’ vis.) Diving
_____ Saltwater Diving

Overhead Environments Diving:
_____ Ice Diving
_____ Cave Diving
_____ Cavern Diving
_____ Wreck Diving
_____ Mud or Silt Bottom Diving
_____ Kelp Forest Diving
_____ Coral Reef Diving
_____ Current (>½ knot) Diving
_____ Altitude (>2000') Diving
_____ Dry Suit Diving

Freshwater Diving:
_____ Ponds, Lakes, Quarries
_____ Rivers
_____ Nitrox/Enriched Gas Diving
_____ Commercial/Military/Scientific Diving
_____ Surface-Supplied Diving
_____ Saturation Diving
_____ Towed Diving

Research Diving Experience
Level of Experience _____ Examples of Research Diving Projects ____________________________________________

____________________________________________________________________________________________

I acknowledge that I have read and understand the PSU Standards for Scientific Diving, and that the information that I have provided is accurate to the best of my knowledge.

Signature _____________________________ Date ___________________________

Witness: Name ________________________ Signature ________________________ Date ___________________________

(Rev. 03/2014)
APPENDIX 12
SCIENTIFIC DIVING – SAFE DIVING PRACTICES

Your signature on this statement is required as proof that you have read the standards for scientific diving established by the Penn State Science Diving Program. Read and discuss this statement with the University Dive Safety Officer, or his/her designee, before signing. If you are a minor, this form must also be signed by a parent or guardian.

Your signature on this form acknowledges your agreement to adhere to the regulations and procedures for scientific diving detailed in the Penn State Standards for Scientific Diving.

I, _______________________________________, understand that as a scientific diver I must:

1) Read and understand the Penn State Dive Safety Manual.
2) Adhere to the regulations and procedures established for scientific diving at Penn State. This includes, but is not limited to:
   • Diving within my certification limits unless on a training dive with an Active diver or instructor authorized to supervise the dive.
   • Refusing to dive, or terminating a dive, if dive conditions become unacceptable.
   • Reporting unsafe practices to the DSO.
   • Reporting any injuries to the DSO and the proper authorities immediately, and seeking appropriate treatment.
   • Abiding by basic safe diving practices; listening carefully to dive briefings, following the dive plan, maintaining proper buoyancy, never holding my breath, being proficient in dive table/computer use.
   • Adhering to the buddy system (two comparably equipped scuba divers in the water in constant communication) on all scuba dives. The buddy system is based upon mutual assistance, especially in the case of an emergency.
   • Carrying the appropriate equipment for every dive including an alternate air source (at least an alternate second stage, and preferably a redundant gas supply).
   • Conducting a functional check of my diving equipment in the presence of my diving buddy or tender.
   • Carrying out a safety stop on every dive below 60 FSW, provided I have sufficient breathing gas to reach the surface safely, and ascending slowly from every dive.
   • Terminating all dives while there is still sufficient tank pressure to permit me to safely reach the surface – including decompression if necessary.
   • Ensuring that I understand the emergency evacuation procedure for each dive that I undertake, and staying current in CPR, first aid, and emergency oxygen delivery.

3) Not engage in dive activities in an underwater environment with an overhead restriction back to the surface without obtaining the appropriate advanced training and the approval of the University Dive Safety Officer.

4) Understand that I can deviate from the requirements of the Penn State Dive Safety Manual to the extent necessary to prevent or minimize a situation that is likely to cause death, serious physical harm, or major environmental damage.

SCUBA diving is a potentially dangerous activity. The ultimate responsibility for safety rests with the individual diver. It is my responsibility and duty to refuse to dive if, in my judgment, conditions are unsafe or unfavorable, or if I would be violating the precepts of my training or the regulations of the Penn State Dive Safety Manual.

I have read the above statements and have had any questions answered to my satisfaction.

_________________________________  __________
Participant’s Signature                     Date
APPENDIX 13
The Pennsylvania State University

Statement of Voluntary Consent
General Release and Waiver of Liability

In consideration of my participation in **SCIENTIFIC DIVING**, and for other good and valuable consideration received by me, receipt of which is hereby acknowledged,

I ____________________________, hereby affirm that I am least eighteen (18) years of age or older, and having actual knowledge and conscious appreciation of the particular dangers involved in SCUBA DIVING and the activities described herein, including but not limited to: **COMPRESSED GAS DIVING**, do hereby volunteer consent to the my participation in the aforementioned activity and assume the risk arising therefrom, as well as hereby hold harmless and release and forever discharge The Pennsylvania State University, its Board of Trustees, the Penn State Diving Control Board, the Penn State Dive Safety Officer and any and all of its agents, officers, assistants and employees, either in their individual capacities or by reason of their relationship to the Pennsylvania State University and its Board of Trustees, and their successors, from any and all claims and demands whatsoever, which the undersigned and any of them and their heirs, representatives, executors and administrators thereof, or any other persons acting in their behalf, or in behalf of their respective agents, have or may have against the said Board of Trustees of the Pennsylvania State University, or any or all of the aforementioned persons or their successors, by reason of any accident, illness, injury or death, or any other consequences arising or resulting directly or indirectly from participation in all DIVING activities under the auspices of the Pennsylvania State University, and occurring during said participation, or at any time subsequent thereto.

I HEREBY further declare and represent that I am on notice, this being evidence and acknowledgement thereof, that The Pennsylvania State University has no medical insurance that covers me, and it has been strongly recommended to me that I obtain medical insurance and supplementary dive accident and medical evacuation insurance prior to the aforesaid **SCIENTIFIC DIVING** activities are performed.

FINALLY, I HEREBY declare and represent that in making, executing and tendering this Statement of Voluntary Consent, General Release and Waiver of Liability, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my participation in the described activity, and that I have read this statement, understood its contents, and executed it of my own free will and choice.

IN WITNESS WHEREOF, I have executed this instrument as of ________________

(date)

__________________________________  __________________________________
(WITNESS SIGNATURE)  (SIGNATURE OF DIVER)

(Rev. 03/2014)
APPENDIX 14
THE PENNSYLVANIA STATE UNIVERSITY
Science Diving Program Entry Procedures

NAME: __________________________________________ DATE: ________________

EVALUATOR: ________________________________________________________________

All persons wishing to dive under the auspices of PSU must be evaluated for their fitness and ability to dive. This
evaluation will be conducted by arrangement with the University Dive Safety Officer or his designee. Science divers
completing this process meet the requirements of AAUS. The evaluation shall include the following:

**Review of Diving Credentials:**
- a) Diving Questionnaire completed
- b) Waiver forms completed
- c) Certifications copied

**Written Exam:**
- a.) Grade ______% (minimum passing score 80%)
- b.) Corrected and discussed with candidate

**Medical Evaluation:**
- a.) Forms discussed with candidate
- b.) Medical approval received
- c.) Any physical limitations discussed with candidate NONE

**Skills Evaluation:** (Scheduled AFTER passing written exam, and receiving medical clearance)
- a.) Swimming Skills Evaluation (Without the use of swim aids)
  1. Swim underwater for 75 feet on one breath without surfacing or using swim aids ____________
  2. Swim 400 yards using at least 2 strokes in 12 minutes or less
  3. Tread water for 10 minutes (last 2 minutes with no hands)
  4. Transport a person of equal size 75 ft. at the surface without using swim aids.

- b.) Skin Diving Skills Evaluation
  1. Using only mask, snorkel & fins, surface dive to 10 ft., recover a 6 lb. weight, return to surface,
     and clear snorkel using only one breath. ____________

- c.) SCUBA Skills Evaluation (Skills Performed at the Surface)
  1. Perform water entry wearing full SCUBA equipment. ____________
  2. Establish positive and neutral buoyancy ____________
  3. Alternate between snorkel and SCUBA while kicking ____________
  4. Swim 400 yards wearing full SCUBA breathing only through snorkel. ____________
  5. Recover and surface an unconscious, non-breathing diver, and perform
     rescue breathing while towing to exit point. ____________
  6. Perform ladder exit wearing full SCUBA ____________

- d.) SCUBA Skills Evaluation (Skills Performed While Submerged)
  1. Establish neutral buoyancy ____________
  2. Remove, replace and clear face mask of water. ____________
  3. Remove, relocate and clear regulator ____________
  4. Buddy breath as both the donor and recipient, with and without face mask. ____________
  5. Remove and replace all equipment underwater ____________
  6. Simulate a swimming free ascent (CESA) ____________
  7. Properly use underwater signs and signals for: OK, up, down, low on air,
     out of air, buddy breath, help, look and any other requested by evaluator. ____________

I have performed each of the skills listed above. I have been advised of any deficiencies and encouraged to seek additional
training in identified areas of weakness.

CANDIDATE SIGN_____________________________________________ DATE___________________

The above listed person has satisfactorily demonstrated proficiency in each of the above skill areas.
Watermanship: ____POOR  ____GOOD  ____EXCELLENT
Judgment:  ____POOR  ____GOOD  ____EXCELLENT

EVALUATOR SIGN________________________________________________________DATE_____

Science Divers Introduction to the PSU System DATE/BY
(To be completed by University Diving Officer or designee)
a.) PSU regulations and administration reviewed. ______________
b.) Liability Release and Safe Diving Practices Reviewed ______________
c.) Dive log system reviewed ______________
d.) The Diving Seminar reviewed ______________
e.) Special restrictions and waivers reviewed ______________
f.) AAUS 100 hour training requirement reviewed ______________
g.) Depth certification restrictions reviewed ______________

If the evaluator or the Diving officer find the candidate lacking in any particular area, he/she will be advised to get additional training either through the Scientific Diving Program or elsewhere prior to certification. If the candidate passes the evaluation, that person will be granted a RESTRICTED DIVER status, and will be allowed to dive no deeper than 30 feet and under the immediate direction and presence of an ACTIVE diver for no more than 12 months. I have discussed, understand, agree to follow the AAUS and PSU Standards for Scientific Diving, and the associated administrative forms with the University's Diving Officer or his designee.

CANDIDATE SIGN________________________________________________________DATE________

The person named on this document is granted “RESTRICTED DIVER” (AAUS Diver in Training) status.

UNIVERSITY DIVE SAFETY OFFICER _______________________________ DATE________

“ACTIVE” Science Diver status is available to “Restricted Diver” status divers who complete 100 hours of training beyond basic SCUBA certification, including at least the following:

OTHER HOURS

ACTIVE Diver Status: DATE/BY TRAINING / CREDITED / DATE / BY

a.) 12 dives logged with an ACTIVE diver ______________ +____________________________
b.) Cardio-Pulmonary Resuscitation ______________ +____________________________
c.) Oxygen Administration ______________ +____________________________
d.) First Aid ______________ +____________________________
e.) SCUBA Rescue ______________ +____________________________
f.) Risk Management Seminar ______________ +____________________________

DEPTH CERTIFICATION________FEET

SPECIAL RESTRICTIONS________________________________________________________

The person named on this document has met the requirements for “ACTIVE” Science Diver status.

UNIVERSITY DIVE SAFETY OFFICER___________________________ DATE________

(Rev. 03/2014)