

## **DIVER PERSONAL DETAILS**

DIVE SITE / TRIP NAME	
BSAC MEMBERSHIP NUMBER	
FULL NAME	
DATE OF BIRTH	
MOBILE NUMBER	
ADDRESS	
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT TELEPHONE	
IS YOUR BSAC HEALTH DECLARATION CURRENT AND UP-TO-DATE? (Y/N)	
MEDICAL CONDITIONS, MEDICATION OR ALLERGIES?	
DIVER QUALIFICATION LEVEL	
DATE OF LAST LOGGED OPEN WATER DIVE	
APPROX NUMBER OF TOTAL LOGGED DIVES	
ARE YOU FIT TO DIVE? (Y/N)	
SIGN & DATE	

This form will be used by the Dive Manager and Assistant Diver Manager to maintain your contact details, emergency contact details and eligibility to dive for the duration of this trip.

This form will be destroyed following the end of the trip. In the event of any incident, this form may be handed over to the emergency services. It will not be shared with anyone else.