



University System of Georgia AAUS Request for Diving Reciprocity Form Verification of Diver Training and Experience Summary Sheet

Name:	Gabriel Matthia		Age:	28	Birthda	te: 02/14/89
Address:	14915 Coffee B					
	Savannah, GA	31419				
				/ 10 1) = 0 = 0 = 0 = 0		
			Tel(H):	(401) 207-6632	Tel(W):	
Certificati	on Depth (ft)	100				
Certification Agency PADI				2004		
Certification Number: 040804739		96 Y	ear 1974			
USG Cert.Date (original) 2017						
Specialty Certifications: Nitrox						
		Depth (ft)		Number		
		0-30		400		
		31-60		300		
		61-100		150		
		101-130		100		
		Total Dives	:	1000 (Lifetime)		
Date of Last Medical Examination:				02/06/17		
Complete Blood Count (CBC)				02/06/17	-	
Urinalysis				02/06/17	-	
EKG				02/06/17	-	
Chest X-Ray				02/06/17	-	
Hearing to	est				-	
Vision tes	t				-	
Medical Restrictions (if any)				None	_	
Date of last CPR course			1	1/29/17 exp. 11/19	-	
Date of last First Aid course				1/29/17 exp. 11/19	_	
Date of last O ₂ administration course			1	1/29/17 exp. 11/19	_	
Compressed gas cylinder training				8/1/16 exp. 8/19	<u>-</u>	
Date of last Regulator /Equipment test				7/5/17	<u>.</u>	
Notify in	case of emergency	y				
Name: Emily Becker						
Relationship: Girl friend			d			
Address: 14915 Coffee			ffee Bluf	f Road		
Savannah, G.			, GA 314	119		
Telephone (Home) (631) 560-7431 (Work)						
This is to verify that the above individual is currently a certified scientific diver at the University System of Georgia (an AAUS organizational member).						
of Georgia	a (an AAUS orgai	iizationai m	-			
			Scott	Monkes	Date	July 31, 2017
Name			Sc	ott Noakes		
Contact		Tel:	(70	6) 542-6134	Email:	snoakes@uga.edu