



UNIVERSITY OF WASHINGTON
Individual Science Party Member
Personal Data Form

School of Oceanography
(206) 543-5060 phone
(206) 543-6073 fax

You must complete this form in its entirety to participate in a cruise aboard our vessels. Your submittal of this form indicates your agreement with terms stated herein.

Chief Scientist: _____ Dates of your cruise: _____

Name [as it appears on passport]: _____

Employer: _____ Work phone: _____

Your function on this cruise: PI SciTech or Engineer Grad Student Undergrad Student

Citizenship: _____ Date of Birth: _____

This section required for all cruises going outside Puget Sound. If in doubt, check with your Chief Scientist. Passport must be valid for the duration of the voyage.

Passport Number: _____ Date of expiration: _____

Country of Issue: U.S. Other (specify): _____

If non-U.S., list date and place of issue of your multiple-re-entry U.S. visa: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____ Phone: _____

City & State (or Country) _____

INSURANCE AND MEDICAL CONCERNS:

If not employed by the State of Washington, you must provide your own medical and accident insurance (Field Trip Insurance).

There is no expert medical service available on board. Submittal of this form constitutes acknowledgement that you have no physical defects or ailments which would prevent the performance of duties at sea for extended periods of time. If medication is required, you must make adequate provision for a supply of prescription drugs prior to boarding the vessel.

Blood type (if known): _____

Prescription drugs: _____

PLEASE SEE SECOND PAGE ➡