

**R/V ATLANTIC EXPLORER Personal Information Form****Please complete & submit ELECTRONICALLY**Title & Full Name \_\_\_\_\_ Sex M  F  Phone (Bus.) \_\_\_\_\_  
(SURNAME, GIVEN NAME & MIDDLE NAME)

Affiliation (Inst./Employer) \_\_\_\_\_ Email \_\_\_\_\_

Position on Cruise \_\_\_\_\_ Student? Please check: Grad  Undergrad 

Business Address \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Passport # \_\_\_\_\_ Exp. Date \_\_\_\_\_

IF APPLICABLE - US VISA # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Not Required 

Person to Notify in Case of Emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Their Address \_\_\_\_\_ Phone \_\_\_\_\_

CRUISE MANUAL: I have read the R/V Atlantic Explorer Cruise Manual YES  NO If NO, please do so before cruise departure. [http://www.bios.edu/ship\\_operations/cruise\\_manual.pdf](http://www.bios.edu/ship_operations/cruise_manual.pdf)**MEDICAL INFORMATION:** The undersigned acknowledges that he/she has no physical defects or ailments which would prevent the performance of duties at sea for extended periods of time. If medication is required, adequate provision for a supply of prescription drugs must be made prior to boarding the vessel.*Complete and submit Medical History and Information Form - CM\_509*Not Applicable  OTC & Prescription Drugs (type) \_\_\_\_\_

Food Allergies / Dietary Restrictions \_\_\_\_\_

**INSURANCE COVERAGE:** Persons on board vessels operated by the Bermuda Institute of Ocean Sciences (BIOS), Inc. who are not employees or students of the Institution are considered SHIPBOARD GUEST INVESTIGATORS and are expected to make arrangements for all forms of insurance coverage while participating in research cruises. BIOS assumes no responsibility for non-employees; each must agree to hold BIOS harmless of all liability arising from participation in any voyage on a BIOS vessel. *Complete and submit Release and Assumption of Risk Form - CM\_510.***ALCOHOL POLICY:** No alcoholic beverages of any type will be permitted on BIOS vessels. All personnel, including scientific staff from other institutions and visitors, are affected by this regulation and must abide by it.**DRUG POLICY:** BIOS is a Zero Tolerance organization. The possession or use of any controlled substance will not be tolerated. Members of the embarked scientific party are subject to drug and alcohol testing under 46 CFR for reasonable cause and in the event of a "Serious Marine Incident" at the discretion of the Master. In accordance with U.S. and Bermuda Customs, Laws and procedures, the Master can routinely search the ship at any time, including staterooms. This search may include personal effects.**RADIOACTIVE MATERIALS POLICY:** No radio isotopes will be permitted aboard ship without express approval from BIOS Radiation Safety Officer.**HAZARDOUS MATERIALS POLICY:** Scientists must provide ship with Material Safety Data Sheets (MSDS) for ALL Hazardous Materials.

IF NOT DIGITALLY SIGNED - THIS FORM WILL BE VERIFIED AND SIGNED DURING SAFETY BRIEFING

*In signing this document, I acknowledge that I understand and will comply with the stated policies of the vessel as per above; all of which are detailed in the R/V Atlantic Explorer Cruise Manual found online.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form TWO weeks BEFORE THE CRUISE BEGINS. Submit to FAX (441) 297-1839 or email: [marine.operations@bios.edu](mailto:marine.operations@bios.edu)

