

**NOAA DIVING PROGRAM
STANDARDIZED EQUIPMENT PROGRAM
MEASUREMENT FORM**

Name: _____ Agency/Unit: _____

Phone: _____ Training Module(s): _____

Email Address: _____

Please complete the following and submit to the NOAA Diving Center via FAX at (206) 526-6506 as soon as possible.

Sex: _____

Height: _____ ft _____ in

Weight: _____ lbs.

Chest/Bust (circumference of chest, under the arms) _____ inches

Waist (circumference @ the navel) _____ inches

Hips (circumference of hips @ hip bone) _____ inches

Shoe size _____

Head circumference (@ widest in inches) or hat size: _____

Neck circumference (@ middle of neck) _____ inches

Glove/hand size: (circle one) S M L XL XXL

Wetsuit Size (if known): _____

Drysuit Size (if known): _____

Comments : _____

UDS Signature (required for approval) - _____ Date: _____

*use soft measuring tape, pull tape snugly