

**R/V ATLANTIC EXPLORER Personal Information Form**  
**Please complete & submit ELECTRONICALLY**

Title, Preferred Name and Pronouns \_\_\_\_\_ Gender \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Assigned Sex \_\_\_\_\_  
(SURNAME, GIVEN NAME & MIDDLE NAME)

Affiliation (Instit./Employer) \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

If Applicable - US Visa # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Not Applicable 

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

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

**CRUISE MANUAL:** I have read the *R/V Atlantic Explore* [Cruise Manual](#). YES  NO   
If NO, please do so before cruise departure**UNOLS SAFETY VIDEO:** I have watched the [UNOLS Ship Safety Orientation video](#). YES  NO   
If NO, please do so before cruise departure.**CIVILITY AT SEA:** I have viewed Module I, II, and III of [UNOLS Shipboard Civility](#). YES  NO   
If NO, please do so before cruise departure.**CODE OF CONDUCT:** I have completed the R/V Atlantic Explorer Code of Conduct Contract. YES  NO   
If NO, please do so before cruise departure. [Code of Conduct Form](#)**MEDICAL INFORMATION:** The undersigned acknowledges that they have no physical disabilities 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.*Optional - Complete and submit Medical History and Information Form - [CM 509](#)*

OTC &amp; Prescription Drugs (dosage and frequency) \_\_\_\_\_

Food or Drug Allergies and Dietary Restrictions \_\_\_\_\_

Past and Present Medical Issues, Prior Surgeries \_\_\_\_\_

Name and Contact of Doctor and Dentist \_\_\_\_\_

**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.

**CYBERSECURITY POLICY:** All electronic devices (phones, tablets, laptops, desktops. etc.) that join the ship's network must have software updates completed prior to coming onboard the ship. This includes security updates for operating systems as well as anti-virus software being installed and up to date. Operating systems that are no longer supported by security updates (Windows 7 or Mac 10.15 Catalina, for example) are not permitted to join the ship's network under any circumstances.

**CODE OF CONDUCT POLICY:** BIOS is committed to providing a work environment that is free from discrimination and unlawful harassment of any kind. Actions, words, jokes, gestures, or comments based on an individual’s sex, sexual orientation, race, ethnicity, age, religion, disability, marital status, nationality, or any other legally protected characteristic will not be tolerated. For further information including definitions and procedures, refer to BIOS Civility at Sea - Module III as well as the R/V Atlantic Explorer’s Code of Conduct Contract.

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

