



Dive Accident Information Slate

Date of incident ____ / ____ / ____ (dd/mm/year)

Location of incident: _____

Diver's name: _____

Contact phone #: (____) _____

Email: _____

Diver's age: _____ DOB (dd/mm/year) _____ Gender: Male Female

Diving History

Any problems associated with this dive series?

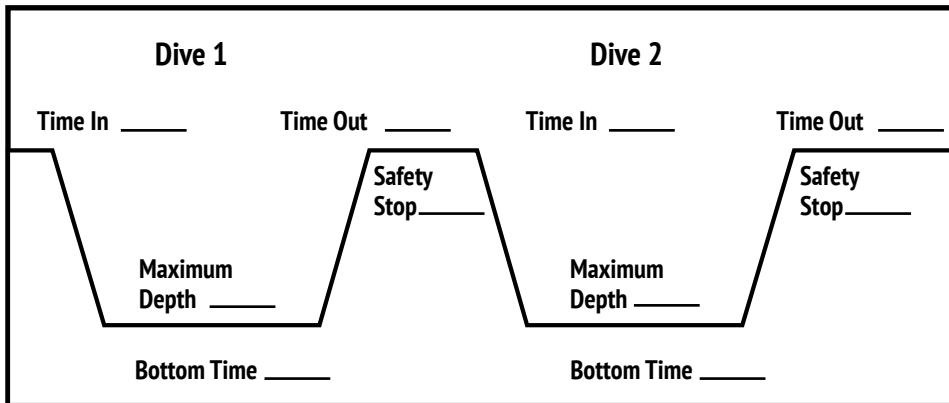
How many days of diving?

How many dives total?

How many dives on last day?

Max. depth from diver series?

Diving History



Breathing gas for last day's dives (circle one): Air EANX _____% Other _____

Time of surfacing from last dive _____ : _____

Reported symptoms: _____

DMED



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First symptom onset time _____ : _____

Have symptoms changed since onset? _____

Does anything improve or worsen symptoms? _____

Any neurological symptoms (i.e., numbness, tingling, paralysis)? _____

If available, please complete a DAN Neurological Assessment, and submit additional neuro slate to EMS when they arrive.

Past Medical History

Allergies to medications: _____

Medications (prescription and over-the-counter): _____

Any current/recent illnesses, injuries or surgeries: _____

Date of birth: _____ / _____ / _____ (dd/mm/year)

Oxygen First Aid

Time oxygen started _____ : _____

Total time/O2 delivery: _____ hrs _____ mins

Symptom relief with oxygen: all some none

Oxygen delivery mode (Check boxes)

- Demand valve
- Non-rebreather (mask with bag)
- Mask (no bag)
- Nasal cannula
- Other (explain): _____
- Don't know

Following the incident, please submit an oxygen use survey card to assist with DAN research efforts.

<p>First-aid provider's name: _____</p> <p>Contact phone #: _____</p> <p>Email: _____</p>



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