

# Diving Accident Report Form



Diver Emergency Service – Australia	1800 088 200
– International	+61 8 8363 5312
Fremantle Hospital (hyperbaric chamber)	(08) 9431 3333 (24 hours)

Name of diver(s): \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Type of injury or illness suspected: \_\_\_\_\_

Signs and symptoms:

(time ) \_\_\_\_\_

(time ) \_\_\_\_\_

(time ) \_\_\_\_\_

(time ) \_\_\_\_\_

If suspected dive medical illness or injury:

(time ) \_\_\_\_\_

If suspected decompression illness or arterial gas embolism

1. Do 5-minute neurological examination

(time ) \_\_\_\_\_

2. Telephone or radio for advice

(time ) Doctor's name: \_\_\_\_\_

3. Advice given:

(time ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other first aid provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remember:

- Follow the diving emergency procedures
- Contact the University Dive Officer