

The interactive PDF form contains fillable fields that can be selected or filled out.

Click in order to:

- select an option
- write in a text box

Press:



- the TAB key to move sequentially throughout all the form fields
- SHIFT + TAB to go back

This method is recommended to hasten the process, and to ensure the completion of all necessary fields.

The fields, indicated by two asterisks and a red border, are mandatory: they must be filled out, as necessary, in order to successfully print/send the form.

PAGE 1

Section - DAN Member Details

Fill out the required personal data: Name and Surname, DAN ID and Country of Residence.

Procedure executed

Provide as many details as possible regarding doctors and the institutions that should be contacted in the case of an unexpected accident/illness. Specify whether in possession of insurance coverage (the type of injury, travel, etc.): if covered by insurance, provide the relative information, and specify whether the insurance company has already been notified of the case.

PAGE 2

Specify if the accident falls under the category of "DIVING" (caused by or linked to the activity of diving), or "NON-DIVING" (independent and separate from the activity of diving).

DIVING ACCIDENTS

Provide information about the accident, indicating, if possible, a diving companion's information or a that of a potential witness.

Section - DETAILS OF THE DIVE

Provide, if applicable, as many details as possible; both regarding the dives taken in the days preceding the accident, as well as the dives linked to the unexpected accident/illness in question.

Section - Chemical Mixture Underwater and Equipment Used

Provide as many details as possible regarding the equipment used during the dive in which the accident occurred. For the "Profile of Electronic Dives" we are asking for the dive data recorded (depth and times) by the dive computer that was used. If available, please attach to the present form.

NON-DIVING ACCIDENTS

Provide information about the accident, and the details of the trip during which the accident occurred.

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Fill out the text field with a description of the situation and the sequence of events that characterized/caused the unexpected accident/illness in question. Pay particular attention and consideration to this section. Follow up with a description of the unexpected accident/illness in question.

SIGNATURE FIELD

For the forms sent by e-mail, provide the name and surname of the applicant. The printed copy, however, must be signed.

DATE FIELD

Provide the date that the form was completed.

PRINT AND EMAIL BUTTON

Once completed, it's recommended to print at least one copy of the form, by clicking the PRINT button, or by using the print option (found in the menu) of the program used to read the form.

To send the form via email, just click the EMAIL icon, and the form will be sent automatically; it's also possible to send the file as an attachment using any email address.

