

AAUS Diving Injury/Incident Report Form

Required Incident Reporting: All diving incidents requiring recompression treatment, or resulting in moderate or serious injury, or death shall be reported the AAUS Statistics Committee. The report will specify the circumstances of the incident and the extent of any injuries or illnesses. This form is confidential and for statistics purposes only. The Organizational Member's Diving Control Board must review and release this report before it is submitted to the AAUS Statistics Committee

Check the appropriate space(s) & complete the form:

<input type="checkbox"/> Simple Illness	<input type="checkbox"/> Referred to Physician	<input type="checkbox"/> Serious injury
<input type="checkbox"/> Barotrauma	<input type="checkbox"/> Hyperbaric Treatment	<input type="checkbox"/> Near Drowning
<input type="checkbox"/> Hyperoxic	<input type="checkbox"/> Hypercapnea	<input type="checkbox"/> Fatality <input type="checkbox"/> Other
•Workers' Compensation Claim Yes <input type="checkbox"/> No <input type="checkbox"/>		

Descriptive Report (use additional sheets if necessary) Date of Incident: / /
Month Day Year

Circumstances and the extent of the injuries or illnesses:

Treatment provided and results:

Recommendations to avoid repetition of incident:

Organizational Member Name _____

Name & Title of Person Submitting Report: _____
(Please print)

Signature _____ Date / /

Mailing Address _____

Telephone/FAX _____ e-mail _____