INCIDENT CHECK LIST

Dive Information:
Diver's NameToday's Date
Sex (Circle) F M
Age Gas Used
Dive Description Time InTime Out
Depth Bottom Time
Ascent Stops Repetitive Dives
When was their previous dive?
Any problem with dive?

Symptom Check List. Record responses:

Symptom	Y/N	Details (e.g. location of pain etc.)	Assess (include time)*			
			1	2	3	4
Pain						
Weakness						
Numbness etc						
Breathing Difficulty						
Normal Bladder						
Function						
Nausea or vomiting						
Dizziness						
Visual Upset						
Orientation/						
Personality Change						

* Assessment Key: \bigstar Improvement; \bigstar Worsening; - No change

Perform Neurological Test if time allows. Record responses:

Ask questions:	Where does it hurt?When was it worst?				
	• When did symptoms occur?				
Orientation:	 Does the diver know his/ her name and age, day and date, current location? Does the diver appear alert? 				
Eyes:	Check each eye separately by holding up fingers and asking diver to count different numbers. Get the diver (from 0.5 m) to follow one finger, first up and down then side to side. Is the movement smooth and are the pupils the same size?				
Face:	Ask them to smile. Is muscle contortion the same on both sides?				
Tongue:	Ask them to stick out tongue. It should come straight out with no sideways deviation.				
Muscle Strength:	Push on shoulders while they shrug. Is the pressure equal and strong? Ask them to raise each arm and push against your hands. Are both sides equal and strong?				
Sensory:	Close diver's eyes and lightly touch points down each side of the body. Where do they NOT feel your touch?				
Co- ordination:	Have them stand with their feet together and arms stretched out in front and eyes closed. Be prepared to catch them. Do they wobble or fall? Note if one arm drops Ask them to touch their nose and your finger (0.5 m away) rapidly a few times				
Feet:	Take off socks and run a pointed instrument up the sole.If the toes curl down, this is normal.If nothing happens no conclusion can be drawn.If they curl up, this is a reliable sign of spinal involvement.				
Further Comments:					