DAN
DIVERS ALERT NETWORK EUROPE

Medical Conditions and medication

Personal data

Date / /

Name

DAN-ID # | *Age* | *Gender* ☐M ☐F | *Height* cm | *Weight* Kg

HEART AND CIRCULATION

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Heart disease	☐	☐		
Heart surgery	☐	☐		
High blood pressure	☐	☐		
Inabilty to perform moderate exercise	☐	☐		
Family history of heart attack or stroke	☐	☐		
High cholesterol level	☐	☐		
Peripheral vascular disease	☐	☐		
Blood vessel surgery	☐	☐		
Ulcers or ulcer surgery	☐	☐		

Medication

Antihypertensive	☐	
Heart/circulation medication	☐	

LUNGS AND RESPIRATION

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Asthma	☐	☐		
Pulmonary problems	☐	☐		
Other chest disease or chest surgery	☐	☐		

Medication

Antiasthmatic medication	☐	

CENTRAL NERVOUS SYSTEM

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Epilepsy, seizures, convulsions or take medicationto prevent them	☐	☐		
Blackouts or fainting	☐	☐		
Head injury with loss of consciousness in the past five years	☐	☐		
Recurring complicated migraine headaches or take medications to prevent them	☐	☐		
Other	☐	☐		

Medication

Anti-epileptic medication	☐	

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ENT - EAR, NOSE AND THROAT

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Ear / sinus problems	☐	☐		
Ear / sinus surgery	☐	☐		
Hearing loss	☐	☐		
Problems with balance	☐	☐		

ALLERGIES

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Seasonal	☐	☐		
Drugs	☐	☐		
Food	☐	☐		
Other	☐	☐		

Medication

Allergy medication	☐			

BONES AND JOINTS

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Back, arm or leg problems following surgery, injury or fracture	☐	☐		
Back pain	☐	☐		
Back surgery	☐	☐		
Discal hernia	☐	☐		

ABDOMEN AND INTESTINAL FUNCTION

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Abdominal hernias	☐	☐		
Liver disease	☐	☐		
Cancer	☐	☐		
Colostomy	☐	☐		
Ileostomy	☐	☐		
Other	☐	☐		

BLOOD AND COAGULATION

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Bleeding or other blood disorders	☐	☐		

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METABOLISM AND ENDOCRYNE SYSTEM

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Diabetes mellitus, even if controlled by a diet alone	☐	☐		
Thyroid disease	☐	☐		
Other	☐	☐		

Medication

Insulin	☐			
Oral antidiabetics	☐			
Hypothyroidism	☐			
Hyperthyroidism	☐			

MENTAL AND PSYCHOLOGICAL CONDITION

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Behavioral health, mental or psychological problems	☐	☐		

Medication

Anti-depressants	☐			
Psychotropic drug	☐			

PREVIOUS DCI/DIVING ACCIDENTS

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
DCI - Decompression Illness	☐	☐		
Other Diving Accidents	☐	☐		

HABITS AND BEHAVIOR

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Cigarette smoking	☐	☐		
Recreational drug use or treatment for, or alcholism in the past five years	☐	☐		

OTHER

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Motion Sickness	☐	☐		
Pregnancy	☐	☐		

Medication

Painkillers / Anti-inflammatories	☐			
Other	☐			

ANY OTHER MATTER / DISCLOSURE

YES ☐ NO ☐

Medical conditions	Present	Past	Year	Note / Comments
Any other matter / disclosure	☐	☐		