



**Details of Injured person: Name (or initials)\*** \_\_\_\_\_

Email:\* \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone: \_\_\_\_\_

**Gender\***       Male    Female      **Date of birth:** \_\_\_\_\_ (dd/mm/yy)

Note:      If female; on what day of your menstrual cycle did the incident occur? \_\_\_\_\_  
(day 1 = 1<sup>st</sup> day of menstrual bleeding)

**Highest certification level:**

<input type="checkbox"/> No certification	<input type="checkbox"/> In training (as student)
<input type="checkbox"/> Open Water	<input type="checkbox"/> Advanced
<input type="checkbox"/> Rescue / Stress	<input type="checkbox"/> Dive Master / Controller
<input type="checkbox"/> Assistant Instructor	<input type="checkbox"/> Instructor
<input type="checkbox"/> Technical certification	<input type="checkbox"/> Commercial qualification

**Training agency (most recent qualification):**

PADI     SSI       BSAC     CMAS     NZUA     TDI / SDI     IANTD  
 Freediving     Commercial     Other \_\_\_\_\_

**Experience:**

Total years of diving:	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 2-5 yrs	<input type="checkbox"/> 6-10 yrs
	<input type="checkbox"/> 11- 30 yrs	<input type="checkbox"/> 30+ yrs	
Total number of dives:	<input type="checkbox"/> Less than 30	<input type="checkbox"/> 31-50	<input type="checkbox"/> 51-100
	<input type="checkbox"/> 101-500	<input type="checkbox"/> 501-1000	<input type="checkbox"/> 1000+
Total dives last 12 months:	<input type="checkbox"/> Less than 10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-50
	<input type="checkbox"/> 51-100	<input type="checkbox"/> 101+	

**Reported by:**

Name (or initials)\*: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Thank you for completing this form. Please return to NZUA (details overleaf). We may need to contact you to validate the data you have entered or to send you a follow up reporting form if further information is requested.