



# EXPEDITION GENERAL QUESTIONNAIRE

Expedition Name:

## YOUR DETAILS

Title: Name:

Surname:

Date of birth:

ID/Passport no:

DAN number:

Postal address:

Tel. Home:

Tel. Work:

Mobile no:

Email:

Age : Height: cm

Weight: kg

At start of expedition

Date of Dive Medical:

Please submit copy of Medical with the form

Dive Related Injury?

If Yes, Date:

Description of Injury:

On Medication?

Chronic?

If Yes, Please List:

Surgical Procedures?

Year of procedure:

Description of Procedures:

If more than one procedure,  
please enter year of additional procedures



Medical Aid:

Medical Aid no:

Family Doctor:

Doctor Contact no:

Medical and Travel Insurance?

If yes, please submit copy of medical and travel insurance documents

## DIVING EXPERIENCE

In regards to your role as Expedition Diver, Deep Support, Shallow Support or Surface Support for this Expedition

Dive Certification:

Year:

### Normoxic Trimix Experience

Total Dives: Total Hours: OC: Hrs

Max. Depth: M CCR: Hrs

### Hypoxic (Full) Trimix Experience

Total Dives: Total Hours: OC: Hrs

Max. Depth: M CCR: Hrs

Make and Model of Primary Dive Computer for Expedition:

Do you Maintain and Active Dive Log Book?

## EMERGENCY CONTACT DETAILS

Name:

Relationship:

Physical Address:

Tel. Home:

Tel. Work:

Mobile no:

Email: