

UCI - 5

UCI DIVER EMERGENCY INFORMATION SHEET

Name _____ DOB ____ / ____ / ____

Last

First

MI

Address _____ State _____ ZIP _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

In Emergency Contact _____ - _____

Relationship

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Medical Alert Info _____

Allergies _____ Operations _____

Required Medication _____ Blood Type _____

Personal Physician _____ Phone(____) _____ - _____

In an emergency, I hereby authorize medical treatment and/or treatment in a recompression chamber.

Signature

Date

TO BE SENT WITH VICTIM IN AN EMERGENCY

Background of Accident _____

Symptoms Observed _____

Time

First Aid Given _____

Time

DAN EMERGENCY NUMBER (919) 684-9111 - NON-EMERGENCIES (919) 684-2948