



Helseerklæring – deltakerinformasjon (konfidensielle opplysninger)



Les nøye igjennom før du signerer.

Det er en erklæring der du informeres om noen potensielle risikomomenter i forbindelse med dykking generelt, og den adferd som kreves av deg i forbindelse med aktiviteten du nå skal delta i. Din signatur er påkrevet for å kunne delta på dette apparatdykkingskurset. I tillegg så er det viktig at du informerer din instruktør umiddelbart dersom din medisinske tilstand endres noen gang i løpet av dykkeprogrammet.

Les denne erklæringen nøye før du skriver under. Du må fylle ut denne helseerklæringen, inklusive egenerklæringen før du kan delta på et dykkerkurs. Dersom du er mindreårig skal erklæringen underskrives av dine foreldre/foresatte. Dykking kan være en spennende og krevende aktivitet. Når dykking utføres korrekt med riktige teknikker, er det relativt sikkert. Dersom sikkerhetsreglene ikke følges kan det oppstå farlige situasjoner.

For å dykke sikkert må du ikke være ekstremt overvektig eller være i dårlig form. Under visse forhold kan dykking være veldig anstrengende. Du må ikke

ha alvorlige luftveis- eller hjerte- og karsykdommer. Kroppens luftfylte hulrom må fungere uten noen alvorlige problemer. En person med hjerteproblemer, forkjølelse, epilepsi, alvorlige medisinske problemer, eller som er under påvirkning av alkohol eller narkotika må ikke dykke. Dersom du har astma, hjerteproblemer, eller andre kroniske sykdommer, eller bruker medisiner regelmessig, bør du snakke med din lege og instruktør før du deltar på dette kurset, og regelmessig etter at kurset er ferdig. Instruktøren din vil lære deg de viktigste sikkerhetsreglene som gjelder for pusting og trykkutligning under dykking. Feil bruk av dykkerutstyr kan føre til alvorlige skader. Du skal instrueres grundig i bruken av det under direkte oppsyn av en kvalifisert instruktør slik at du kan lære deg å bruke det riktig.

Dersom du har ytterligere spørsmål om denne erklæringen skal du diskutere dem med din instruktør før du underskriver.

Egenerklæring for dykkere

Til deltakeren:

Hensikten med disse spørsmålene om din helse er å finne ut om du skal undersøkes av lege før du deltar på et kurs. Et positivt svar på et eller flere av spørsmålene betyr ikke automatisk at du ikke kan dykke. Et positivt svar betyr bare at du kan ha en sykdom eller skade som kan påvirke din sikkerhet under dykking. Slike spørsmål må du derfor diskutere med en lege.

Svar på de etterfølgende spørsmålene med et JA eller NEI. Dersom du er usikker, svar JA. Dersom noen av punktene gjelder deg, ber vi deg kontakte din lege før du deltar på en dykkeaktivitet. Din instruktør vil gi deg et komplett skjema med veiledning som legen skal benytte.

- | | | |
|--|---|---|
| <input type="checkbox"/> Kan du være gravid, eller prøver du å bli gravid? | <input type="checkbox"/> Pneumotorax (lungekollaps)? | <input type="checkbox"/> Ofte ryggproblemer? |
| <input type="checkbox"/> Tar du regelmessig reseptpliktig medisin (med unntak av prevensjon eller anti-malaria medisiner)? | <input type="checkbox"/> Andre sykdommer i brystet eller operasjon i brystkassen? | <input type="checkbox"/> Gjennomgått ryggoperasjon? |
| <input type="checkbox"/> Er du over 45 år, og gjelder ett eller flere av punktene under for deg? | <input type="checkbox"/> Adferdsmessige, mentale eller psykologiske problemer (panikkanfall, angst for lukkede rom eller åpne plasser)? | <input type="checkbox"/> Diabetes (sukkersyke)? |
| <input type="checkbox"/> Røyker pipe, sigar eller sigaretter | <input type="checkbox"/> Epilepsi, krampeanfallet, krampetrekninger eller tar medisiner for å unngå dette? | <input type="checkbox"/> Problemer med rygg, armer eller ben etter operasjon, ulykker eller brudd? |
| <input type="checkbox"/> Mottar medisinsk behandling | <input type="checkbox"/> Periodisk migræne eller tar medisiner mot dette? | <input type="checkbox"/> Høyt blodtrykk eller tar medisiner for å kontrollere dette? |
| <input type="checkbox"/> Har høyt kolesterolnivå | <input type="checkbox"/> Tidligere hatt problemer med besvimelser (helt eller delvis mistet bevisstheten)? | <input type="checkbox"/> Hjertesykdom? |
| <input type="checkbox"/> Har høyt blodtrykk | <input type="checkbox"/> Lider du ofte av reisesyke (sjøsyk eller bilsyk)? | <input type="checkbox"/> Hjerteinfarkt? |
| <input type="checkbox"/> Har hjerteinfarkt eller slag i familien | <input type="checkbox"/> Dysenteri eller dehydrering som krever medisinsk behandling? | <input type="checkbox"/> Angina/hjertekrampe, hjerteoperasjon eller operasjon i blodårer? |
| <input type="checkbox"/> Har diabetes, selv om den kontrolleres med diett | <input type="checkbox"/> Vært utsatt for dykkerulykker eller trykkfallsyke? | <input type="checkbox"/> Bihuleoperasjon? |
| Har du tidligere hatt eller har du nå... | <input type="checkbox"/> Problemer med å utføre moderat mosjonering (som å gå 1600 meter på under 12 minutter)? | <input type="checkbox"/> Sykdommer eller operasjoner i øret, hørselsproblemer eller balanseproblemer? |
| <input type="checkbox"/> Astma, pipende pust, eller pipende pust under trening? | <input type="checkbox"/> Hodeskader med tap av bevissthet i løpet av de siste fem år? | <input type="checkbox"/> Ofte problemer med ørene? |
| <input type="checkbox"/> Ofte eller kraftige anfall av høysnue eller allergi? | | <input type="checkbox"/> Blødning eller andre blodsykdommer? |
| <input type="checkbox"/> Ofte forkjølelse, bihuleproblemer eller bronkitt? | | <input type="checkbox"/> Brokk? |
| <input type="checkbox"/> Noen form for lungesykdom? | | <input type="checkbox"/> Magesår eller operert for magesår? |
| | | <input type="checkbox"/> Utlagt tarm? |
| | | <input type="checkbox"/> Misbruk av legemidler, narkotika eller alkohol i løpet av de siste 5 årene? |

Opplysningene jeg har gitt om min helse er korrekte og slik jeg kjenner min situasjon. Jeg bekrefter det er mitt ansvar å informere min instruktør om noen eller alle endringer i min helsetilstand i løpet av min deltakelse i dykkeprogrammet. Jeg er kjent med at jeg selv må ta ansvar for utelatte opplysninger om åpenbare eksisterende eller tidligere medisinske forhold.

Deltakerens underskrift

Dato (Dag/Måned/År)

Foreldre/foresattes underskrift (hvis nødvendig)

Dato (Dag/Måned/År)

ELEVEN

Vennligst bruk BLOKKBOKSTAVER

Navn (For- mellom- etternavn): _____ Fødselsdato: _____ Alder: _____

Adresse: _____

Postnummer: _____ Sted: _____

Land: _____ e-post: _____

Telefon privat: () _____ Telefon arbeid: () _____ Fax: _____

Navn og adresse på egen lege

Lege: _____ Legekantor: _____

Adresse: _____ Telefon: () _____

Dato for siste undersøkelse: _____ Legens navn: _____

Legekantor: _____

Adresse: _____ Telefon: () _____

Har du tidligere blitt undersøkt i forbindelse med dykking? Ja Nei Hvis ja, når? _____

LEGE

Denne personen ønsker å delta på dykkerkurs eller er sertifisert til å dykke med SCUBA (apparatdykking). Vi ber deg vurdere om denne personen er helsemessig skikket til slik fritidsdykking i samsvar med den vedlagte "RSTC Guidelines for Recreational Scuba Diver's Physical Examination". (This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Please review the enclosed RSTC (Recreational Scuba Training Council) Guidelines for Recreational Scuba Diver's Physical Examination)

Legens vurdering (Physician's impression)

Jeg finner ingen medisinske hindringer for at denne personen kan delta i fritidsdykking. (I find no medical conditions that I consider incompatible with diving.)

Jeg fraråder at denne person deltar i fritidsdykking. (I am unable to recommend this individual for diving.)

Jeg har lest gjennom "Retningslinjer for legeundersøkelse av fritidsdykkere". (I have reviewed Guidelines for Recreational Scuba Diver's Physical Examination.)

Legens signatur (Physician's signature): _____ Dato (Date): _____

Lege (Physician): _____ Legekantor (Clinic): _____

Adresse (Address): _____

Telefon (Phone): () _____ Epost (E-mail): _____

Instructions to the Physician

Recreational **SCUBA** (Self-Contained Underwater Breathing Apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The **RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION** focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are **temporary** in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone +1 919 684 2948 during normal business hours. For emergency calls, 24 hours 7 days a week, call +1 919 684 8111 or +1 919 684 4DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61 8 8212 9242, DAN Japan +81 33590 6501 and DAN Southern Africa +27 11 242 0380. In Norway: Haukeland sykehus, Seksjon for hyperbarmedisin, tlf: +47 55 97 38 75, fax: +47 55 97 51 37. There are also a number of informative websites offering similar advice.

NEUROLOGICAL

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to

distinguish from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

Relative Risk Conditions

- **Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations**
- **History of Head Injury with sequelae other than seizure**
- **Herniated Nucleus Pulposus**
- **Intracranial Tumor or Aneurysm**
- **Peripheral Neuropathy**
- **Multiple Sclerosis**
- **Trigeminal Neuralgia**
- **History of spinal cord or brain injury**

Temporary Risk Condition

History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.

Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:

- **History of seizures other than childhood febrile seizures**
- **History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)**
- **History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits**

CARDIOVASCULAR SYSTEMS

Relative Risk Conditions

The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is at least 13 METS.* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

* METS is a term used to describe the metabolic cost. The MET at rest is one, two METS is two times the resting level, three METS is three times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)

Relative Risk Conditions

- **History of Coronary Artery Bypass Grafting (CABG)**
- **Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)**
- **History of Myocardial Infarction**
- **Congestive Heart Failure**
- **Hypertension**
- **History of dysrhythmias requiring medication for suppression**
- **Valvular Regurgitation Pacemakers**

The pathologic process that necessitated should be addressed regarding the diver's fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

* NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.

Severe Risks

Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

Relative Risk Conditions

- **History of Asthma or Reactive Airway Disease (RAD)***
- **History of Exercise Induced Bronchospasm (EIB)***
- **History of solid, cystic or cavitating lesion***
- **Pneumothorax secondary to:**
 - **Trauma or Pleural Penetration***
 - **Previous Overinflation Injury***
 - **Obesity**

- **History of Immersion Pulmonary Edema Restrictive Disease***
- **Interstitial lung disease: May increase the risk of pneumothorax**

* Spirometry should be normal before and after exercise Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

Severe Risk Conditions

- **History of spontaneous pneumothorax. Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).**
- **Impaired exercise performance due to respiratory disease.**

GASTROINTESTINAL

Temporary Risks

As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

Temporary Risk Conditions

- **Peptic Ulcer Disease associated with pyloric obstruction or severe reflux**
- **Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.**

Relative Risk Conditions

- **Inflammatory Bowel Disease**
- **Functional Bowel Disorders**

Severe Risks

Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

Severe Risk Conditions

- **Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting**
- **Chronic or recurrent small bowel obstruction**
- **Severe gastroesophageal reflux**
- **Achalasia**
- **Paraesophageal Hernia**

ORTHOPAEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

Relative Risk Conditions

- **Amputation**
- **Scoliosis must also assess impact on respiratory function and exercise performance.**

- **Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical cause of decompression may accelerate/escalate the progression).**

Temporary Risk Conditions

- **Back pain**

HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

Relative Risk Conditions

- **Sickle Cell Disease**
- **Polycythemia Vera**
- **Leukemia**
- **Hemophilia/Impaired Coagulation**

METABOLIC AND ENDOCRINOLOGICAL

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

Relative Risk Conditions

- **Hormonal Excess or Deficiency**
- **Obesity**
- **Renal Insufficiency**

Severe Risk Conditions

The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues.

Pregnancy: The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

BEHAVIORAL HEALTH

Behavioral: The diver's mental capacity and emotional makeup are important to safe diving. The student diver must have sufficient learning abilities to grasp information presented to him by his instructors, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The student's motivation to learn and his ability to deal with potentially dangerous situations are also crucial to safe scuba diving.

Relative Risk Conditions

- **Developmental delay**
- **History of drug or alcohol abuse**
- **History of previous psychotic episodes**
- **Use of psychotropic medications**

Severe Risk Conditions

- **Inappropriate motivation to dive – solely to please spouse, partner or family member, to prove oneself in the face of personal fears**

- **Claustrophobia and agoraphobia**
- **Active psychosis**
- **History of untreated panic disorder**
- **Drug or alcohol abuse**

OTOLARYNGOLOGICAL

Equalisation of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalise pressure or due to marked overpressurisation during vigorous or explosive Valsalva manoeuvres.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglottic structure must function normally to prevent aspiration.

Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

Relative Risk Conditions

- **Recurrent otitis externa**
- **Significant obstruction of external auditory canal**
- **History of significant cold injury to pinna**
- **Eustachian tube dysfunction**
- **Recurrent otitis media or sinusitis**
- **History of TM perforation**
- **History of tympanoplasty**
- **History of mastoidectomy**
- **Significant conductive or sensorineural hearing impairment**
- **Facial nerve paralysis not associated with barotrauma**
- **Full prosthodontic devices**
- **History of mid-face fracture**
- **Unhealed oral surgery sites**
- **History of head and/or neck therapeutic radiation**
- **History of temporomandibular joint dysfunction**
- **History of round window rupture**

Severe Risk Conditions

- **Monomeric TM**
- **Open TM perforation**
- **Tube myringotomy**
- **History of stapedectomy**
- **History of ossicular chain surgery**
- **History of inner ear surgery**
- **Facial nerve paralysis secondary to barotrauma**
- **Inner ear disease other than presbycusis**
- **Uncorrected upper airway obstruction**
- **Laryngectomy or status post partial laryngectomy**
- **Tracheostomy**
- **Uncorrected laryngocele**
- **History of vestibular decompression sickness**

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10. Undersea and Hyperbaric Medical Society (UHMS) www.UHMS.org
11. Divers Alert Network (DAN) United States, 6 West Colony Place, Durham, NC www.DiversAlertNetwork.org
12. Divers Alert Network Europe, P.O. Box 64026 Roseto, Italy, telephone non-emergency line: weekdays office hours +39-085-893- 0333, emergency line 24 hours: +39-039-605-7858
13. Divers Alert Network S.E.A.P., P. O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166
14. Divers Emergency Service, Australia, www.rah.sa.gov.au/hyperbaric, telephone 61-8-8212-9242
15. South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, www.spums.org.au
16. European Underwater and Baromedical Society, www.eubs.org

ENDORSERS

Paul A. Thombs, M.D., Medical Director
Hyperbaric Medical Center
St. Luke's Hospital, Denver, CO, USA

Peter Bennett, Ph.D., D.Sc.
Professor, Anesthesiology
Duke University Medical Center
Durham, NC, USA
pbennett@dan.duke.edu

Richard E. Moon, M.D., F.A.C.P., F.C.C.P.
Departments of Anesthesiology and
Pulmonary Medicine
Duke University Medical Center
Durham, NC, USA

Roy A. Myers, M.D.
MIEMS
Baltimore, MD, USA

William Clem, M.D., Hyperbaric Consultant
Division Presbyterian/St. Luke's Medical
Center
Denver, CO, USA

John M. Alexander, M.D.
Northridge Hospital
Los Angeles, CA, USA

Des Gorman, B.Sc., M.B.Ch.B., F.A.C.O.M.,
F.A.F.O.M., Ph.D.
Professor of Medicine
University of Auckland, Auckland, NZ
d.gorman@auckland.ac.nz

Alf O. Brubakk, M.D., Ph.D.
Norwegian University of Science and
Technology
Trondheim, Norway
alfb@medisin.ntnu.no

Alessandro Marroni, M.D.
Director, DAN Europe
Roseto, Italy
Hugh Greer, M.D.
Santa Barbara, CA, USA
hdgblgfp@aol.com

Christopher J. Acott, M.B.B.S., Dip. D.H.M.,
F.A.N.Z.C.A.
Physician in Charge, Diving Medicine
Royal Adelaide Hospital
Adelaide, SA 5000, Australia

Chris Edge, M.A., Ph.D., M.B.B.S., A.F.O.M.
Nuffield Department of Anaesthetics
Radcliffe Infirmary
Oxford, United Kingdom
cjedge@diver.demon.co.uk

Richard Vann, Ph.D.
Duke University Medical Center
Durham, NC, USA

Keith Van Meter, M.D., F.A.C.E.P.
Assistant Clinical Professor of Surgery
Tulane University School of Medicine
New Orleans, LA, USA

Robert W. Goldmann, M.D.
St. Luke's Hospital
Milwaukee, WI, USA

Paul G. Linaweaver, M.D., F.A.C.P.
Santa Barbara Medical Clinic
Undersea Medical Specialist
Santa Barbara, CA, USA

James Vorosmarti, M.D.
6 Orchard Way South
Rockville, MD, USA

Tom S. Neuman, M.D., F.A.C.P., F.A.C.P.M.
Associate Director, Emergency Medical
Services
Professor of Medicine and Surgery
University of California at San Diego
San Diego, CA, USA

Yoshihiro Mano, M.D.
Professor
Tokyo Medical and Dental University
Tokyo, Japan
y.mano.ns@tmd.ac.jp

Simon Mitchell, MB.ChB., DipDHM, Ph.D.
Wesley Centre for Hyperbaric Medicine
Medical Director
Sandford Jackson Bldg., 30 Chasely Street
Auchenflower, QLD 4066 Australia
smitchell@wesley.com.au

Jan Risberg, M.D., Ph.D.
NUI, Norway
jri@nui.no

Karen B.Van Hoesen, M.D.
Associate Clinical Professor
UCSD Diving Medicine Center
University of California at San Diego
San Diego, CA, USA

Edmond Kay, M.D., F.A.A.F.P.
Dive Physician & Asst. Clinical Prof. of Family
Medicine
University of Washington
Seattle, WA, USA
ekay@u.washington.edu

Christopher W. Dueker, TWS, M.D.
Atherton, CA, USA
chrisduek@aol.com

Charles E. Lehner, Ph.D.
Department of Surgical Sciences
University of Wisconsin
Madison, WI, USA

celehner@facstaff.wisc.edu
Undersea & Hyperbaric Medical Society
10531 Metropolitan Avenue
Kensington, MD 20895, USA

Diver's Alert Network (DAN)
6 West Colony Place
Durham, NC 27705, USA