

DAN Registration Form

(Registration Form, Statement of Understanding, Exam Answer Sheet and Practical Evaluation Record are to be retained by the DAN Instructor for seven years.)

Course Location _____ Date _____

DAN Instructor _____

PERSONAL INFORMATION

Name _____ DOB _____ DAN Member # _____

Address _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Work Phone (_____) _____ Fax Phone (_____) _____

Email Address _____

STATEMENT OF UNDERSTANDING

(Agreement Between DAN Instructor and Student)

**Student
Initials**

_____ I am participating in the Divers Alert Network Education program Emergency Oxygen for Scuba Diving Injuries. Successful completion of this course prepares me to recognize the warning signs of decompression illness and administer basic life support, including the use of emergency oxygen first aid in the event of a diving emergency.

_____ I further understand that my training in the use of emergency oxygen first aid prepares me to provide care in the event of a diving emergency consistent with accepted first aid training guidelines.

_____ I further understand that it is required that I refresh my training every two years from the date of training as indicated on the provider course completion card given to me following successful completion of the class.

_____ I further understand that emergency situations can be dangerous and that exposure to blood and bodily fluids can lead to potential illness. I understand that I can minimize the risk of disease transmission by using appropriate barrier devices and hereby agree to do so.

_____ In consideration of mutually beneficial and valuable covenants and services exchanged herein, the undersigned hereby waives any and all claims against the DAN Instructor as well as Divers Alert Network, whether grounded in personal injury, wrongful death, or damage to property arising from the teaching of this course by the undersigned DAN Instructor and further agrees to indemnify the DAN Instructor and/or DAN from any claims arising or caused by the undersigned's failure to follow said instruction or breach of any of the above items.

Student Signature _____ Date _____

DAN Instructor Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

(Required if student is under 18 years of age.)

Important: This form is to be completed and signed by the student and returned to the DAN Instructor prior to completion of the DAN Emergency Oxygen for Scuba Diving Injuries Course and certification. A copy of this document can be obtained from your DAN Instructor and is paraphrased on your provider card.

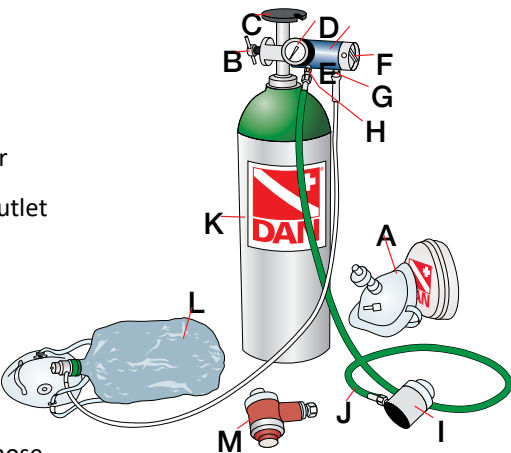
Emergency Oxygen for Scuba Diving Injuries
Exam Answer Sheet

Final examination may be administered in written or oral form.
Each question must be reviewed with each student so that 100 percent comprehension of the material is ensured. Questions have only one correct answer.
Name _____ Date _____ Test Score _____

Identify Standard DAN Oxygen Components.

A B C D	
1 [] [] [] []	12 [] [] [] []
2 [] [] [] []	13 T [] F []
3 [] [] [] []	14 T [] F []
4 [] [] [] []	15 T [] F []
5 [] [] [] []	16 [] [] [] []
6 [] [] [] []	17 [] [] [] []
7 [] [] [] []	18 [] [] [] []
8 [] [] [] []	19 [] [] [] []
9 [] [] [] []	20 T [] F []
10 [] [] [] []	21 [] [] [] []
11 [] [] [] []	22 [] [] [] []

- 23 _____ Oxygen cylinder and valve
- 24 _____ DISS threaded outlets
- 25 _____ T-handle
- 26 _____ Handwheel wrench
- 27 _____ Constant-flow controller
- 28 _____ Barbed constant-flow outlet
- 29 _____ Demand inhalator valve
- 30 _____ Multifunction regulator
- 31 _____ Oronasal resuscitation mask with oxygen inlet
- 32 _____ Nonrebreather mask
- 33 _____ Intermediate pressure hose
- 34 _____ Pressure gauge
- 35 _____ Manually Triggered Ventilator



Practical Evaluation Record

Provider Skills Development	Instructor Initials	Student Initials
• Equipment identification, assembly and disassembly	_____	_____
• Scene safety assessment	_____	_____
• Initial assessment with basic life support	_____	_____
• Demand inhalator valve	_____	_____
• Nonrebreather mask	_____	_____
• Resuscitation with a bag valve mask	_____	_____
• Using an MTV	_____	_____
• Emergency assistance plan	_____	_____

I am comfortable with my skills performance as an Emergency Oxygen for Scuba Diving Injuries Provider.

I have reviewed this examination with the course instructor. I understand the correct response as indicated by my initials. Any questions regarding this examination and the contents of this course have been answered to my satisfaction.

Student Signature _____ Date _____