

PADI Open Water Diver Course Record and Referral Form

Student Name _____ Birth Date _____
Day/Month/Year
 Mailing address _____ Sex M F
 City _____ State/Province _____
 Country _____ Zip/Postal Code _____
 Phone Home (____) _____ Business (____) _____
 Fax (____) _____ Email _____

All PADI Instructors who initial this document must complete an identification section below.

PADI Instructor _____ Signature _____
 PADI No. _____ Dive Center/Resort No. _____ Date _____
Day/Month/Year
 Phone Home (____) _____ Fax (____) _____
 Email _____

PADI Instructor _____ Signature _____
 PADI No. _____ Dive Center/Resort No. _____ Date _____
Day/Month/Year
 Phone Home (____) _____ Fax (____) _____
 Email _____

Note: Attach additional sheet for other PADI Instructor information if necessary.

When referring a PADI Scuba Diver/Open Water Diver student:

- Fill in the diver and PADI Instructor information and note appropriate areas of training completed.
- Attach a copy of the diver's PADI Medical Statement to this form.
- Advise the diver of the need for a photo for certification card processing.
- Encourage the diver to complete training as soon as possible and explain that this form is only valid for one year from the last training section completion date.

A. Confined Water Dives

Date Completed Day / Month / Year	Instructor** Initials PADI #	Date Completed Day / Month / Year	Instructor** Initials PADI#
CW 1* ____ / ____ / ____	_____ # _____	CW 4 ____ / ____ / ____	_____ # _____
CW 2 ____ / ____ / ____	_____ # _____	CW5 ____ / ____ / ____	_____ # _____
CW 3 ____ / ____ / ____	_____ # _____		

*DSD with all CW Dive 1 skills = Open Water Diver CW Dive 1

Waterskills Assessment

Date Completed Day / Month / Year	Instructor** Initials PADI #
200 metre/yard Swim OR 300 metre/yard Mask/Snorkel/Fin Swim ____ / ____ / ____	_____ # _____
10 Minute Survival Float* ____ / ____ / ____	_____ # _____

Dive Flexible Skills

Equipment Preparation and Care* ____ / ____ / ____	_____ # _____
Disconnect Low Pressure Inflator Hose* ____ / ____ / ____	_____ # _____
Loose Cylinder Band ____ / ____ / ____	_____ # _____
Weight System Removal and Replacement (surface)* ____ / ____ / ____	_____ # _____
Emergency Weight Drop (or in OW)* ____ / ____ / ____	_____ # _____

Skin Diving Skills

____ / ____ / ____	_____ # _____
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Dry Suit Orientation

____ / ____ / ____	_____ # _____
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(Note: If all Confined Water Dives and Waterskills Assessment have been completed by one instructor, only one signature required.)

All Confined Water Dives listed above and the Waterskills Assessment have been completed.

Instructor Signature _____
 PADI # _____ Date ____ / ____ / ____

****I certify that this student has satisfactorily completed this skill/section/dive as outlined in the PADI Instructor Manual. I am a PADI Instructor renewed in Teaching status for the current year.**

B. Knowledge Development

Course option: RDP Table eRDP_ML Computer only

	Date Completed Day / Month / Year	Completed KR	Passed Quiz/Exam	Viewed Open Water Video	Instructor** Initials PADI #
Sec 1	____ / ____ / ____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____ # _____
Sec 2	____ / ____ / ____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____ # _____
Sec 3	____ / ____ / ____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____ # _____
Sec 4	____ / ____ / ____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____ # _____
Sec 5	____ / ____ / ____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____ # _____
OR eLearning Quick Review	____ / ____ / ____		_____		_____ # _____

(Note: If all above Knowledge Development sessions have been completed by one instructor, only one signature required)

All Knowledge Development sessions listed above have been completed, Quizzes/Exams passed.

Instructor Signature _____ # _____ Date ____ / ____ / ____

C. Open Water Dives

Date Completed Day / Month / Year	Instructor** Initials PADI #	Date Completed Day / Month / Year	Instructor** Initials PADI #
Dive 1 ____ / ____ / ____	_____ # _____	Dive 3 ____ / ____ / ____	_____ # _____
Dive 2 ____ / ____ / ____	_____ # _____	Dive 4 ____ / ____ / ____	_____ # _____

Dive Flexible Skills

These skills may be completed during any Open Water Training Dive.

	Completed on	Instructor** Initials PADI#
1. Cramp Removal*	Dive # _____	_____ # _____
2. Snorkel/Regulator Exchange*	Dive # _____	_____ # _____
3. Inflatable Signal Tube/DSMB Deployment*	Dive # _____	_____ # _____
4. Emergency Weight Drop (or in CW)*	Dive # _____	_____ # _____
5. Surface Swim with Compass	Dive # _____	_____ # _____
6. Tired Diver Tow	Dive # _____	_____ # _____
7. Remove/Replace Scuba (surface)	Dive # _____	_____ # _____
8. Remove/Replace Weights (surface)	Dive # _____	_____ # _____
9. CESA (Dive 2, 3 or 4)	Dive # _____	_____ # _____
10. UW Compass Navigation (Dive 2, 3 or 4)	Dive # _____	_____ # _____

(Note: If all above Dive Flexible Skills have been completed by one instructor, only one signature is required)

All Dive Flexible Skills listed above have been completed.

Instructor Signature _____ # _____ Date ____ / ____ / ____

Student Statement: I understand the training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to dive in areas and under conditions similar to those in which I was trained. I realize that additional training is recommended for participation in specialty diving activities, in other geographical areas, and after periods of inactivity that exceed six months. I agree to abide by PADI's Standard Safe Diving Practices.

Student Signature _____ # _____ Date ____ / ____ / ____

All requirements for certification as a PADI Scuba Diver have been met (completion of Knowledge Development sessions 1, 2, 3 Confined Water Dives 1, 2, 3 Open Water Dives 1, 2 and all dive flexible skills marked with an asterisk *).

Instructor Signature _____ # _____ Date ____ / ____ / ____

All requirements for certification as a PADI Open Water Diver have been met.

Instructor Signature _____ # _____ Date ____ / ____ / ____

Important Points for the Diver and Instructor

To the Diver

1. Make advance logistical and financial arrangements with a PADI Dive Center, PADI Resort or PADI Instructor to complete your training. Verify that the PADI Instructor(s) who will complete your training is in Teaching status.
2. Take this form, along with a copy of your completed PADI Medical Statement and a photograph to the PADI Dive Center, PADI Resort or PADI Instructor completing your training.
3. This referral form is valid for one year after the last training module completion date, however you should complete your training as soon as possible.
4. Retain this form until you have completed all required training sessions.
5. The PADI Instructor(s) continuing your training will preassess your skills and knowledge and review anything that may be unclear.
6. Upon completion of all required open water dives, you and the PADI Instructor will complete a Positive Identification Card (PIC) envelope. This envelope must be submitted to PADI along with your photo to obtain a certification card.

NOTE: After certification, you'll want to continue your diving adventures. Visit your initial PADI Dive Center, PADI Resort or PADI Instructor and ask about participating in a Discover Local Diving experience or another PADI Course.

To the Referring PADI Instructor(s)

1. Fill in the requested information on this form, including the diver's name and address and your contact information. Also, fill in the appropriate areas of training completed before referring the diver.
2. Attach a copy of the diver's PADI Medical Statement to this form. Also advise the diver of the need for a photo for certification card processing.
3. Give the diver the entire form. If possible, assist the diver in making arrangements with a PADI Dive Center, PADI Resort or PADI Instructor for completing training as additional local requirements may apply. Keep a photocopy for your records.
4. Encourage the diver to complete the training as soon as possible. Advise the diver that the form is only valid for one year after the last training module completion date.

To the Receiving PADI Instructor(s)

1. Preassess the diver's knowledge and skills. Be certain that the diver is adequately prepared to continue training.
 2. A diver may be referred between any academic module, confined water dive or between Open Water Dives 1-4.
 3. Upon completion of each component, initial and date this form in the appropriate area. The diver retains the referral form until the completion of all certification requirements. Retain a photocopy of this form for your records.
 4. If you conduct Open Water Dive 4, you are the certifying instructor. Complete and submit a PADI Positive Identification Card (PIC) envelope/Online to PADI for processing. Retain a copy of the completed referral form for your records and forward a copy to the original instructor for his records.
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QUESTIONS – About how to use the form? Call PADI.

The Scuba Diver Statement

The PADI Scuba Diver rating allows you to gain experience under direct professional supervision. This agreement defines the limitations of your pre-entry level certification and describes the diving practices necessary for your comfort and safety.

I, _____, understand that as a PADI Scuba Diver, I should:

1. Dive under the direct inwater supervision of a PADI Divemaster, Assistant Instructor or Instructor. Listen carefully to dive briefings and respect the advice of those supervising my dive activities. Adhere to the buddy system on every dive.
2. Dive in conditions better than or similar to those in which I was trained. This includes limiting maximum dive depth to 12 metres/40 feet, or receiving additional instruction before diving deeper.
3. Maintain a reasonable fitness level for diving and dive within personal limitations. Avoid overexertion while diving and not dive under the influence of alcohol or drugs.
4. Obtain air fills and dive equipment only from a reputable source, such as a PADI Dive Center or Resort, to avoid contaminated air. Check that the cylinder used is not marked for enriched air (nitrox).
5. Maintain proper buoyancy while diving. Adjust weight for neutral buoyancy at the surface with no air in the BCD and take into account buoyancy changes due to air use during the dive. Establish positive buoyancy by ditching the weight belt and/or inflating the BCD when in distress on the surface.
6. Continue dive education to ensure appropriate training and experience before exceeding the limits of the PADI Scuba Diver rating. Review skills under supervision in a controlled environment after periods of diving inactivity.
7. Breathe properly for diving. Never breath hold or skip breathe when using compressed air.
8. Ascend at a rate of 18 metres/60 feet per minute or slower from every dive and make a safety stop at the end of every dive.
9. Use complete, properly fitting, well-maintained and familiar scuba equipment. Consult a dive professional for advice about and orientation to any unfamiliar equipment.
10. Know and obey local laws and regulations relevant to recreational diving.
11. Understand that I may upgrade to Open Water Diver in order to dive without professional supervision anytime after my Scuba Diver certification date.
12. Understand that deviating from safe diving practices will increase the risk of decompression illness, other injury or death and recognize that for safety and well being PADI Scuba Divers should abide by these recommendations and seek additional information or advice before diving in unfamiliar situations.



GENERAL TRAINING

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ store/resort _____ and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ store/resort _____ and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____ participant name _____ hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), _____ instructor(s) _____, the facility through which I receive my instruction, _____ store/resort _____, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____ participant name _____ BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, _____ instructor(s) _____, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, _____ store/resort _____, AND PADI AMERICAS, INC. AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)

MEDICAL STATEMENT

Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by _____ and
Instructor

_____ located in the
Facility

city of _____, state/province of _____.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

- _____ Could you be pregnant, or are you attempting to become pregnant?
- _____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- _____ Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

- _____ Asthma, or wheezing with breathing, or wheezing with exercise?
- _____ Frequent or severe attacks of hayfever or allergy?
- _____ Frequent colds, sinusitis or bronchitis?
- _____ Any form of lung disease?
- _____ Pneumothorax (collapsed lung)?
- _____ Other chest disease or chest surgery?
- _____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- _____ Epilepsy, seizures, convulsions or take medications to prevent them?
- _____ Recurring complicated migraine headaches or take medications to prevent them?
- _____ Blackouts or fainting (full/partial loss of consciousness)?
- _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- _____ Dysentery or dehydration requiring medical intervention?
- _____ Any dive accidents or decompression sickness?
- _____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- _____ Head injury with loss of consciousness in the past five years?
- _____ Recurrent back problems?
- _____ Back or spinal surgery?
- _____ Diabetes?
- _____ Back, arm or leg problems following surgery, injury or fracture?
- _____ High blood pressure or take medicine to control blood pressure?
- _____ Heart disease?
- _____ Heart attack?
- _____ Angina, heart surgery or blood vessel surgery?
- _____ Sinus surgery?
- _____ Ear disease or surgery, hearing loss or problems with balance?
- _____ Recurrent ear problems?
- _____ Bleeding or other blood disorders?
- _____ Hernia?
- _____ Ulcers or ulcer surgery ?
- _____ A colostomy or ileostomy?
- _____ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature Date Signature of Parent or Guardian Date

Name _____

PADI Skill Practice Slate



PADI
padi.com

Rate yourself on each skill as you learn or refresh it:

☺ = I am comfortable with this skill. ☹ = I want more practice with this skill.

SKILLS



SKILLS



Gear setup, donning and adjustment			Cramp release – self & buddy		
BCD inflation/deflation on surface			Descent with visual reference		
Regulator clear – exhalation & purge			Hover – 30 seconds		
Regulator recovery – arm sweep & reach			Horizontal swim – adjust trim		
Clear partially flooded mask			Air depletion & alternate air source use		
Alternate air source use			Alternate air source swim and ascent		
Descent and equalization			Controlled emergency swimming ascent		
Hand signals			Weight and trim check with buddy		
Underwater swimming			Tired diver tow – 25 metres/yards		
SPG use and air monitoring			Remove & replace scuba kit – surface		
Ascent			Descent – stop before contacting bottom		
Oral BCD inflation at surface			Underwater swim over sensitive bottom		
Pre-dive safety check – BWRAF			Hover – oral BCD inflation – one minute		
Deep water entry _____			Free-flow regulator breathing		
Proper weighting and weight check			No mask swim		
Snorkel-to-regulator exchange			Ascent without contacting bottom		
Surface swimming – good surface habits			Remove & replace scuba kit – underwater		
Five point descent			Remove & replace weights – underwater		
Neutral buoyancy – low pressure inflator			Exiting water		
Clear fully flooded mask			Skin diving skills		
Remove, replace and clear mask			Disconnect low pressure inflator hose		
No mask breathing			Loose cylinder band – resecure		
Respond properly to air depletion			Weight removal & replacement – surface		
Air management within 20 bar/300 psi			Emergency weight drop		

Date _____

Name: _____ Phone: _____

Birthdate for PADI Certification Card: Day _____ Month _____ Year _____

Classroom: Date: _____ Date: _____ Score _____

Pool Dive Skills:			
Date 1:		Date 2:	
For a complete list of Confined Water skills please refer to the PADI Skills Practice Slate			
1	▷BCD inflation ▷Regulator clearing ▷Alternate air source use, ▷Fins	3	▷Cramp ▷Tired diver tow ▷Alternate air swim ▷Free flow regulator ▷Neutral buoyancy
2	▷Mask removal ▷Disconnect inflator, ▷Air depletion ▷Fin pivots, ▷Giant Stride	4	▷Hovering , ▷Mask removal and replacement, ▷No mask swim ▷C.E.S.A.
Notes:			

For a complete list of Open Water skills please refer to the PADI Open Water Diver Course Cue Cards

Open Water Dive 1	Date:
▷ Proper Weight and trim (all dives)	▷ Correct Descent
▷ Cramp Removal	▷ Regulator recovery/clear
▷ Tired Diver Tow	▷ Partial Mask Clear
▷ Snorkel Regulator	▷ Weight removal at the surface

Open Water Dive 2	Date:
▷ Buoyancy control (fin pivot - with manual inflation)	
▷ Mask clearing (both partial & full flood)	
▷ Stay close enough to buddy to contact within 2 seconds	
▷ Alternate air source use (stationary)	
▷ Alternate air source use (donor & receiver, oral inflation on surface)	
▷ Indicate remaining air supply within 300psi (all dives)	
▷ C.E.S.A.	

Open Water Dive 3	Date:
▷ Descend with visual reference, avoid contacting bottom	
▷ Neutral Buoyancy (fin pivot - with oral inflation)	
▷ Indicate remaining air supply within 300psi	
▷ Mask Removal and replace	
▷ Compass Navigation on Surface	

Open Water Dive 4	Date:
▷ Neutral Buoyancy (mid water- with oral inflation)	
▷ Mask Removal and replace mid water simulating over sensitive bottom	
▷ Plan your dive & explore dive site with buddy using 2 second rule	
▷ Compass navigation underwater	
▷ Inflate signal tube, deploy surface signal device	

Perform a safety stop after every dive.

Date _____

I have safely and comfortably completed all the required PADI Skills _____