



PADI Open Water Diver Course Record and Referral Form

Student Name _____

Birth Date _____ / _____ / _____ Sex ☐ M ☐ F
Day Month Year

Mailing address _____
Street
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. *Note: Attach additional sheet for other PADI Instructor information if necessary.*

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 _____

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 #
CW 1*	____ / ____ / ____	____	# _____
CW 2	____ / ____ / ____	____	# _____
CW 3	____ / ____ / ____	____	# _____
CW 4	____ / ____ / ____	____	# _____
CW 5	____ / ____ / ____	____	# _____

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

Waterskills Assessment

200 metre/yard Swim OR 300 metre/yard Mask/Snorkel/Fin Swim

____ / ____ / ____ # _____

10 Minute Survival Float*

____ / ____ / ____ # _____

Confined Water 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

____ / ____ / ____ # _____

Dry Suit Orientation

____ / ____ / ____ # _____

(Note: If all Confined Water Dives, Confined Water Dive Flexible Skills and Waterskills Assessment have been completed by one instructor, only one signature required.)

All Confined Water Dives, Confined Water Dive Flexible Skills and Waterskills Assessment have been completed.

Instructor Signature _____

PADI # _____ Date _____ / _____ / _____
Day Month Year

****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 ☐ eRDPmL ☐ Computer only

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

(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 _____ / _____ / _____
Day Month Year

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	____ / ____ / ____	____	# _____

Open Water 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 Open Water Dive Flexible Skills listed above have been completed.

Instructor Signature _____ # _____ Date _____ / _____ / _____
Day Month Year

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 _____ / _____ / _____
Day Month Year

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 _____ / _____ / _____
Day Month Year

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

Instructor Signature _____ # _____ Date _____ / _____ / _____
Day Month Year



Open Water Global Referral Form

1321 SE Decker Ave Stuart, FL 34994

Phone: 888-778-9073 Fax: 877- 436-7096

Email worldhq@tdisdi.com

www.tdisdi.com

Student Information:

Name:

Address:

City:

State:

Zip:

Country:

Phone:

Fax:

Email:

Birth Date:

Age:

Sex:

☐ M

☐ F

Original Instructor:

Facility:

Phone:

Instructor's Name:

Address:

City:

State:

Zip:

Country:

Phone:

Fax:

Email:

SDI Instructor #:

I agree that the above named student has successfully fulfilled all of the academic and confined water requirements for SDI's Open Water Scuba Diving course. As indicated by the signature below I believe the student is mentally and physically prepared to participate in open water training.

Instructor Signature: _____ Completion Date: ____/____/____

Check List for Original Instructor:

- _____ A Copy of the student's Medical History must accompany this referral form.
- _____ A Signed and Completed SDI Scuba Diver Referral Form.
- _____ Remind student to take along his/her diver logbook and dive computer.

Expiration Date: Valid for 6 Months from completion date



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→ EVALUATING OPEN WATER INSTRUCTOR ←

Dear evaluating instructor,

The SDI referral program is designed to allow ANY active instructor to evaluate the Open Water skills and performance of a referring student. An active instructor refers to any instructor that is affiliated with an international recognized dive training agency.

We appreciate your assistance with my student referral. Please review the list of required student skills, dives and instructor pre-requisites before the start of the open water evaluating process.

Evaluating Instructor must:

- _____ Be an active instructor with an internationally recognized training agency
- _____ Review students' medical history form
- _____ Have referring student sign your facility's waiver and release form
- _____ Evaluate and initial all the required open water skills and dives listed on the back on this form
- _____ Sign this referral form
- _____ Give the original referral form to student, and retain a copy of this referral form for your records

Thank you for your professional expertise and cooperation.



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Skill Performance Record

Evaluating Open Water Instructor Must Initial Each Skill When Completed

- **Scuba System**
____ Assembly and Disassembly
- **Pre-dive Check**
____ Self and Buddy
____ Underwater Communication
- **Computer Use**
____ Reading and Understanding Gauges
- **Regulator Use**
____ Clearing and Recovery
- **Mask Clear at Depth**
____ Partial
____ Full
- **BCD**
____ Auto and Oral Inflation
- **Entries (Demonstrate 2 types of entries)**
List type of entries:

- **Buoyancy Control**
____ Hovering
____ Controlled Ascents
____ Controlled Descents
- **Weight System Adjustment**
____ Removal and Replacement
- **Out of Air Emergencies**
____ Alternate Air Source
____ Share Air with Buddy while making a controlled ascent
____ Swimming ascent
- **Buddy Assist Techniques**
____ Tired Diver Tow
____ Cramp Relief

Open Water Training	Dive 1	Dive 2	Dive 3	Dive 4
Date (mm/dd/yy)				
Performance				
Student Initials				
Instructor Initials				

- ☐ **PASS:**
I _____, verify that all of the required open water dives and skills
(*Print Name of Evaluating Instructor*)
for SDI's Open Water Scuba Diving Course have been successfully performed by the student.
- _____, # _____
(*Signature of Evaluating Instructor*) *Instructor #*
- _____, Date: ____/____/____
Agency *Month* *Day* *Year*
- ☐ **INCOMPLETE.** Reason: _____

➔ THE ORIGINAL FORM IS TO BE GIVEN BACK TO THE STUDENT, IN ORDER FOR THE
➔ STUDENT TO RECEIVE THE FINAL CERTIFICATION FROM THEIR INSTRUCTOR ←