PADI Open Water Diver Course Record and Referral Form

padi.com

Student Name _____

Birth Date_____ / _____ / _____ (Day / Month / Year) Sex ☐ M ☐ F

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:

a. Fill in the diver and PADI Instructor information and note appropriate areas of training completed.
b. Attach a copy of the diver's PADI Medical Statement to this form.
c. Advise the diver of the need for a photo for certification card processing.
d. 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 ☐ eRDP$_{ML}$ ☐ Computer only

	Date Completed Day / Month / Year	Completed KR	Passed Quiz/Exam	Viewed Open Water Video	Instructor** Initials	PADI #
Section 1	_____ / _____ / _____	☐	_____	☐	_____	# _____
Section 2	_____ / _____ / _____	☐	_____	☐	_____	# _____
Section 3	_____ / _____ / _____	☐	_____	☐	_____	# _____
Section 4	_____ / _____ / _____	☐	_____	☐	_____	# _____
Section 5	_____ / _____ / _____	☐	_____	☐	_____	# _____
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_____ / _____ / _____ (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)

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