



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