

## **Universal Referral Packet**

This packet contains everything necessary to complete open water training dives by referral.

Referral Student Inform	nation:		
Name:		Date of Birth:	
Address:			
		Postal Code:	
Phone:	Email:		
		Phone:	
Referral Location Infor			
Name of Location:			
Address:			
City:	State:	Postal Code:	
Phone:	Email:		
Website:			
	Dates of Referral:		
Course Being Referred:			

## **Important Notes About Referrals**

#### --For Referral Students--

#### Your Responsibilities:

- ☐ Make sure you are comfortable and ready for open water training.
- ☐ Do not lose your Universal Referral Packet, particularly the Universal Referral Form. Your Initiating Instructor will need this to issue your certification card.

#### Who Will Order Your Certification Card:

Your initiating instructor (the instructor at home) will order your permanent certification card when you get home. If the Referral Instructor tries to order you a permanent card, *this is a mistake unless other arrangement have been made*. Contact your Initiating Instructor for assistance.

#### **How to Verify Instructor Credentials:**

If you would like to verify that the Receiving Instructor is active and authorized to conduct the Universal Referral Program, ask your Initiating Instructor or the Receiving Instructor's agency for assistance.



# Universal Referral Form This form was developed for conducting referral training in accordance with NAUI Standards and Policies.

satisfactorily completed all required classroom and pool/confined water training and passed their exam, and, in my opinion, is comfortable and ready for open water training."  Date Training Completed:  Instructor Name:  Dive Center Name:  Address:  City:  Postal Code:    Code:   Code:   Confined water training classroom and pool/confined water training.   Classroom and pool training.	Student Information:			
City: State: Postal Code:	Name:	Date of	ate of Birth:	
City: State: Postal Code:	Address:			
Part 1- Initiating Instructor "This is to certify that I am an active Instructor and that this student has satisfactorily completed all required classroom and pool/confined water training and passed their exam, and, in my opinion, is comfortable and ready for open water training."  Date Training Completed: Exam Score: Student must satisfactorily complete written exam.  Instructor Name: Number: B. Include a copy of the student's Form.  Dive Center Name: Number: B. Include a copy of the student's form.  City: State: Postal Code: State: Postal Code: Shown, to coordinate any logistics a answer any questions.  Date: Part 2- Receiving Instructor  1. Review Universal Referral Form and Medical History form.  2. Sign a waiver and release of liability form. (Use the release form provided by your facility.)  3. Conduct the training dives.  a. Conduct all required skills.  4. Return form to initiating instructor for completion of cation process (unless other arrangements have been means the process				nl Code:
Part 1- Initiating Instructor  "This is to certify that I am an active Instructor and that this student has satisfactorily completed all required classroom and pool/confined water training and passed their exam, and, in my opinion, is comfortable and ready for open water training."  Date Training Completed: Exam Score:	Phone:	Email:		
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Part 2- Receiving Instructor  1. Review Universal Referral Form and Medical History form.  2. Sign a waiver and release of liability form. (Use the release form provided by your facility.)  3. Conduct the training dives.  a. Conduct all required skills.  b. Log the dives in the student's dive log. Directions  d. After all training dives have been successfully completion.  ii. Put original in student's packet.  iii. Keep a copy for your records.  iv. Issue a temporary card.  4. Return form to initiating instructor for completion of control of the cation process (unless other arrangements have been more cation process).	"This is to certify that I am an a satisfactorily completed all requ training and passed their exam, ready for open water training."  Date Training Completed:  Instructor Name:  Dive Center Name:  Address:  City:  Phone:	ctive Instructor and that this studired classroom and pool/confined and, in my opinion, is comfortal Exam Score: Number: State: Postal Code Email:	d water ble and	<ol> <li>Student must satisfactorily complete classroom and pool training.</li> <li>Student must satisfactorily complete the written exam.</li> <li>Medical History:         <ul> <li>a. Include a copy of the student's Medical Form.</li> <li>b. If the student's condition required a physician's approval, include a copy.</li> </ul> </li> <li>Include the skills information sheet and checklist for the appropriate course being taught.</li> <li>Contact receiving shop or instructor, if known, to coordinate any logistics and answer any questions.</li> </ol>
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	<ol> <li>Review Universal Referral I form.</li> <li>Sign a waiver and release of release form provided by you</li> <li>Conduct the training dives.         <ul> <li>a. Conduct all required so</li> <li>b. Log the dives in the st</li> </ul> </li> </ol>	Directions Form and Medical History d liability form. (Use the ur facility.) skills. 4. Fundament's dive log.	<ul><li>i. Sign this form.</li><li>ii. Put original in</li><li>iii. Keep a copy fo</li><li>iv. Issue a tempor</li><li>Return form to initia</li></ul>	student's packet. or your records. ary card. ting instructor for completion of certifi-
Open Water Training Record		Record		
Dive #1   Dive #2   Dive #3   Dive #4   Dive #5   Dive #6   Dive #7   Dive #8	Date Student	#2 Dive #3 Dive #4	Dive #5 Div	e #6 Dive #7 Dive #8
Pass: "I verify that this student has performed the required skills satisfactorily in the open water."  Not Pass:  (List skills not satisfactorily performed.)  Referral Instructor Name:  Agency/Number:	☐ Not Pass:(List skill			

Date:\_\_\_\_\_









Participant Record (Confidential Information)

and

#### 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
	instituctor
	located in the
	i adiity
city o	state/province of
enroll this S	Read this statement prior to signing it. You must complete this cal Statement, which includes the medical questionnaire section, to in the scuba training program. If you are a minor, you must have tatement signed by a parent or guardian.  Diving is an exciting and demanding activity. When performed city, applying correct techniques, it is relatively safe. When
Div	vers Medical Questionnaire
	e Participant:
ined b respor respor while o	urpose of this Medical Questionnaire is to find out if you should be examy your doctor before participating in recreational diver training. A positive use to a question does not necessarily disqualify you from diving. A positive means that there is a preexisting condition that may affect your safety diving and you must seek the advice of your physician prior to engaging in ctivities.
	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
Hav	e 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

Epilepsy, seizures, convulsions or take medications to prevent them? Recurring complicated migraine headaches or take medications to pre-

Frequent or severe suffering from motion sickness (seasick, carsick,

Blackouts or fainting (full/partial loss of consciousness)?

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.

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

uidelines for Recreational Scuba Diver's Physical Examination to take to hysician.
 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

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

years?

closed or open spaces)?

vent them?



### CONTRAINDICATIONS TO DIVING

This list of relative and absolute contraindications is not all inclusive. Contraindications that are absolute permanently place the diver and his diving partners at increased risk for injury or death. Relative contraindications to scuba may be resolved with time and proper medical intervention or may be intermittent. A bibliography is included to aid in clarifying issues that arise. The Divers Alert Network (DAN) physicians are available for consultation by phone (919) 684-2948 during normal business hours. For diving related emergencies call, DAN at (919) 684-9111 24 hours, 7 days a week.

#### **OTOLARYNGOLOGICAL Relative Contraindications:**

- History of...
  - -significant cold injury to pinna
  - -TM perforation
  - -tympanoplasty
  - -mastoidectomy
  - -mid-face fracture
  - -head and/or neck therapeutic radiation
  - -temporomandibular joint dysfunction
- · Recurrent otitis externa
- · Significant obstruction of the external auditory canal
- Eustachian tube dysfunction
- · Recurrent otitis media or sinusitis
- · Significant conductive or sensorineural hearing impairment
- · Facial nerve paralysis not associated with barotrauma
- Full prosthodontic devices
- · Unhealed oral surgery sites

#### **Absolute Contraindications:**

- · History of...
  - -stapedectomy
  - -ossicular chain surgery
  - -inner ear surgery
  - -round window rupture
  - -vestibular decompression sickness
- Monomeric TM
- Open TM perforation
- Tube myringotomy
- Facial nerve paralysis secondary to barotrauma
- · Inner ear disease other than presbycusis
- · Uncorrected upper airway obstruction
- · Laryngectomy or status post partial laryngectomy
- Tracheostomy
- · Uncorrected laryngocele

#### **NEUROLOGICAL**

#### **Relative Contraindications:**

- · History of...
  - -head injury with sequelae other than seizure -spinal cord or brain injury without residual neurologic deficit
  - -cerebralgasembolismwithoutresidual, pulmonary air trapping has been excluded
- Migraine headaches whose symptoms or severity impair motor or cognitive function
- · Herniated nucleus pulposus
- Peripheral neuropathy
- Trigeminal neuralgia
- Cerebral palsy in the absence of seizure activity Absolute Contraindications:

#### **Absolute Contraindications:**

- · History of...
  - -seizures other than childhood febrile seizures
  - -TIA or CVA
  - -spinal cord injury, disease or surgery with residual seguelae
  - -Type II (serious and/or central nervous system) decompression sickness with permanent neurologic deficit
- · Intracranial tumor or aneurysm

#### **CARDIOVASCULAR**

#### **Relative Contraindications:**

The suggested minimum criteria for stress testing is 13 MFTS

- · History of...
  - -CABG or PCTA for CAD
  - -myocardial infarction
  - -dysrhythmia requiring medication for suppression
- Hypertension
- Valvular regurgitation
- · Asymptomatic mitral valve prolapse
- Pacemakers-Note: Pacemakers must be depth certified by the manufacturer to at least 130 feet (40 meters) of sea water.

#### **Absolute Contraindications:**

- · Asymmetric sepal hypertrophy and valvular stenosis
- · Congestive heart failure

#### **PULMONARY**

Asthma (reactive airway disease), COPD cystic or cavitating lung diseases all may lead to air trapping.

#### **Relative Contraindications:**

- · History of...
  - -prior asthma or reactive airway disease (RAD)\*
  - -exercise/cold induced bronchospasm (EIB)
  - -solid, cystic or cavitating lesion
- Pneumothorax secondary to: thoracic surgery \*, trauma or pleural penetration\*, previous over inflation injury\*
- Restrictive Disease\*\*

(\*Air Trapping must be excluded)

(\*\*Exercise Testing necessary)

#### **Absolute Contraindications:**

- · History of spontaneous pneumothorax
- · Active RAD (asthma), EIB, COPD or history of the same with abnormal PFS or positive challenge
- Restrictive diseases with exercise impairment

#### **GASTROINTESTINAL**

#### **Relative Contraindications:**

- · Peptic ulcer disease
- Inflammatory bowel disease
- Malabsorption states
- · Functional bowel disorders
- · Post gastrectomy dumping syndrome
- · Paraesophageal or hiatal hernia

- · High grade gastric outlet obstruction
- · Chronic or recurrent small bowel obstruc-
- Entrocutaneous fistulae that do not drain freely
- · Esophageal diverticula
- Severe gastroesophageal reflux
- Achalasia
- · Unrepaired hernias of the abdominal wall potentially containing bowel

#### METABOLIC AND ENDOCRINOLOGICAL

#### **Relative Contraindications:**

- · Hormonal excess or deficiency
- Obesity
- · Renal insufficiency

#### **Absolute Contraindications:**

 Diabetics on Insulin therapy or oral anti-hypoglycemia medication

#### **PREGNANCY**

#### **Absolute Contraindications:**

Venous gas emboli formed during decompression may result in fetal malformations. Diving is absolutely contraindicated during any state of pregnancy.

#### **HEMATOLOGICAL**

#### **Relative Contraindications:**

- · Sickle cell trait
- · Acute anemia

#### **Absolute Contraindications:**

- · Sickle cell disease
- Polycythemia
- Leukemia

#### **ORTHOPEDIC**

#### **Relative Contraindications:**

Chronic Back Pain

Amputation

Scoliosis - assess impact on pulmonary function

Aseptic osteonecrosis

#### **BEHAVIORAL HEALTH**

#### **Relative Contraindications:**

- · History of
  - -drug or alcohol abuse
  - -previous psychotic episodes
- Developmental delay

#### **Absolute Contraindications:**

- · History of panic disorder
- · Inappropriate motivation for scuba training
- · Claustrophobia and agoraphobia
- · Active psychosis or while receiving psychotropic medications
- · Drug or alcohol abuse

#### **BIBLIOGRAPHY**

The Physiology and Medicine of Diving, 4th edition, 1993; Diving and Subaquatic Medicine, 3rd edition 1994; Diving Physiology in Plain English, 2nd edition, 1997

## Open Water Skills Requirements - NAUI Scuba Diver

The following are required skills in addition to those listed in "Open Water Training Procedures" of the Universal Referral Program. It is appropriate to interview the referral student regarding confined water skills practice in preparation for open water training.

#### **REQUIREMENTS - SKILLS**

- Dry Suit Use. If dry suits are to be used, the student must complete the following skills in confined water before participating in
  open water activities:
  - O Demonstrate the use of suit controls.
  - O Recover from an inverted position while buoyant.
  - O Recover from simulated stuck suit valves.
  - O Demonstrate a procedure to compensate for a jettisoned weight system.
  - O Select a compatible buoyancy compensator.
  - O Maintain a minimum volume of air in the suit to prevent suit squeeze.

#### • Swimming Skills (confined or open water)- no equipment.

- O Demonstrate novice level swim stroke proficiency in any of the following strokes: crawl, side, breast, elementary back, or back stroke. Classic stroke combinations are not necessary to meet this requirement as long as forward progress is achieved, e.g. no particular kick or arm action is necessarily required and a lack of either is also acceptable. Students shall complete at least 15 continuous stroke cycles while being evaluated by an instructor. A stroke cycle is considered to be either arm or leg action or a combination thereof resulting in forward movement.
- O Survival swim for 10 minutes.
- O Swim underwater 50 feet (15 m) on one breath with no push-off or dive. The use of weights is permitted for students having difficulty remaining submerged. The use of a mask is permitted for students wearing contact lenses.

#### Skin Diving (confined or open water) minimally equipped with mask, fins and snorkel.

- O Swim 450 yards (412 m) nonstop, breathing from snorkel.
- O Bring another diver simulating unconsciousness to the surface from a depth of about 10 feet (3 m) of water.
- O Using proper techniques perform water entries and exits, surface dives, surface swimming, clearing the snorkel, ditching the weight system, buoyancy control, underwater swimming and surfacing.
- Scuba Diving (confined and open water). Skills marked with an asterisk "\*" must be introduced in confined water. Depth requirements in excess of 8 feet (2.4 m) do not apply in confined water.
  - O PRE- AND POST-DIVE SKILLS.
    - \*Select, check, assemble, adjust and don equipment; perform pre-dive gear check for self and buddy; defog masks; after diving, doff, rinse, and care for gear.
    - \*Perform surface buoyancy/weighting check and make adjustments as needed to hover at diving depth.
    - Correctly give and recognize surface communications for divers.
    - Orally inflate and deflate own and buddy's BC.
    - \*At the surface, remove and replace (in turn): mask, fins, and scuba unit.
    - \*With face submerged, breathe through snorkel while resting and swimming.
    - With face submerged, breathe through water in the snorkel without choking.
    - Release a simulated muscle cramp from self and buddy.
    - If appropriate for the area, enter and exit the water with a float and/or, "Diver Down" flag and line; use to identify the dive area while diving.
    - \*Demonstrate proper use of the selected weight system. As appropriate, on the surface and underwater, skills include: removal and replacement, adjustment, and positioning. Minimally, all weight systems must be removed on the surface at least one time, by the student.
    - Deploy and retrieve a surface marker buoy.

#### O DESCENT/ASCENT SKILLS.

- \*Control pressure in air spaces for comfortable, controlled descents and ascents.
- \*Descend feet first with a minimum of hand movement, i.e., sculling or treading, using breath control or BC to control
  rate of descent.
- At the end of a dive, ascend at a controlled steady rate of 30 feet (9 m) or less per minute and hover at a depth of approximately 15 feet (4.6 m) for three minutes.

#### UNDERWATER SKILLS.

- Give, recognize, and respond appropriately to common underwater communications.
- \*Mask clearing, including removal and replacement. (In cold water environments when mitts and hood seals are used, confined water removal and replacement is sufficient.)
- \*Remove, replace, and clear a regulator.
- \*Regain primary regulator from behind the shoulder, replace, and clear.
- \*Hover without support or significant movement.
- \*If wearing a standard buckle type weight belt and submerged in a prone position at the bottom or while hovering, adjust the position of the weight system so that the ballast is evenly distributed.
- \*If wearing a weight-integrated weight system, and submerged in a prone position at the bottom or while hovering, remove and replace at least one weight pocket, if permitted by the weight system. If necessary, assistance is allowed to replace the weight pocket.
- Use the buddy system for scuba diving, remaining within 10 feet (3 m), or less if required by conditions, of buddy.
- Monitor air supply and communicate amount remaining upon request, and manage air supply so as to surface with a
  pre-planned minimum amount of air.
- Using environmental navigation aids and a compass, travel underwater to a designated location or in a given direction for a set period of time.
- Use an underwater compass to set a bearing: follow the bearing and return on a reciprocal course to the approximate starting location.

#### Planning.

- O Measure, record, and calculate individual air consumption (as surface air consumption rate) using a submersible pressure gauge, depth gauge and timing device.
- O Plan and make a no-required-stop dive to a depth between 40 and 60 feet (12 and 18 m). Planning is to consider at a minimum: adequate breathing gas supply for descent, time at depth, ascent, precautionary stop and safety margin. If local dive areas, i.e. dive locations within a 50-mile (80km) radius of the course facility, do not provide water depths in excess of 40 feet (12 m) or there are other hazards that, in the instructor's judgment, prevent the completion of a dive that exceeds 40 feet (12 m) a simulated deeper water dive to a lesser depth is acceptable as long as it still meets the definition of a scuba dive as stated in the "Glossary."
- O Upon completion of a dive, use the repetitive dive table to properly calculate a planned no-required-stop repetitive dive projected to begin after at least a one-hour surface interval. It is acceptable for students to be instructed in the use of their personally owned dive computers in lieu of using dive tables for dive planning. (The actual dive need not be conducted.)

#### • Environmental.

- O Dive using skills that have a minimal impact on the environment and promote conservation.
- O Recognize and identify (by common name) samples of plant and animal life typically seen.

#### Emergency/Rescue/Problem Solving.

- O Transport for a distance of at least 50 yards (46 m) a buddy who is simulating exhaustion. Eye-to-eye or voice contact between rescuer and diver must be maintained.
- \*In a stationary position in confined water and at a minimum depth of 15 feet (4.6 m) in open water, share air in a controlled manner with another diver, be both the donor of air and receiver of air.
- Perform a relaxed, controlled emergency swimming ascent in confined water and from a minimum depth of 15 feet (4.6 m) in open water. (See supplemental "Details of Selected Skills.")
- \*Share air as both a donor and a receiver from an octopus or alternate breathing source (not buddy breathing) during ascents in confined water and from a minimum depth of 15 feet (4.6 m) to the surface in open water.
- \*Bring a diver simulating unconsciousness to the surface from a depth of approximately 10 feet (3 m), remove victim's weight system, mask and snorkel; simulate in-water rescue breathing.