GLOBAL REFERRAL FORM

Scuba Diving International, 18 Elm Street, Topsham ME 04086
Phone: 207-729-4201 ♦ Fax 207-729-4453 ♦ Email worldhq@tdisdi.com

STUDENT INFORMATION:

(Please Print)
Name: ______________________________________________________________
Address: ____________________________________________________________
City: ___________________________ State: _____________________________
Zip: ___________________________ Country: ____________________________
Phone: ___________________________ Fax: _____________________________
Email: ___________________________ Birth Date: ________/_______/_______
Age: ___________________________ Sex: M___________, F____________

ORIGINAL INSTRUCTOR:

Facility Name: ___________________________________________ Phone:____________
Instructor Name: ___________________________________________ #____________
Address: _____________________________________________________________
City: ___________________________ State: _____________________________
Zip: ___________________________ Country: ____________________________
Phone: ___________________________ Fax: _____________________________
Email: ___________________________

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

The Global Referral Form can also be found in the SDI Dive Log Book

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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 & 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 form for your records.

Thank you for your professional expertise and cooperation.
SKILL PERFORMANCE RECORD

EVALUATING OPENWATER INSTRUCTOR MUST INITIAL EACH SKILL WHEN COMPLETED

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

- Buoyancy Control
  - Hovering
- Weight System Adjustment
  - Removal & Replacement
- Out of Air Emergencies
  - Alternate Air Source
  - Share Air with Buddy while making a controlled ascent
  - Swimming ascent
- Rescue Techniques
  - Tired Diver Tow
  - Cramp Relief

Open Water Training

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PASS:
I _______________________________, verify that all of the required open water dives and skills for SDI’s Open Water Scuba Diving Course have been successfully performed by the student.

( Print Name of Evaluating Instructor )

( Signature of Evaluating Instructor ) # Instructor #

____________________________________________________________, Date: __________/__________/__________, Agency: ______________, Month: __________, Day: __________, Year: __________

INCOMPLETE: ________________________________________________________________

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