

part 6



SDI Forms

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Revision History		
Revision Number	Date	Changes
2.0	05/27/2001	The Manual has been completely restructured and updated to reflect latest changes and additions.
2.1	10/10/2002	Updated with latest Training Updates.
3.0	08/15/2003	Updated with latest Training Updates.
3.1	12/23/2003	2004 Renewal update.
5.0	11/19/2004	Major update, changes on most forms.
6.0	10/13/2005	Minor changes and updates to forms
7.0	10/27/2006	Minor corrections and updated forms
9.0	12/01/2008	Correction to Medical History form and minor edits to several general liability releases
10.0	12/31/2009	2009 Updates included. Minor edits. Inclusion of Member Update Form
11.0	01/01/2011	Minor edits, change medical to RSTC version, changed DM/AI/OWSDI registration process, inserted new academic and in-water presentation forms
12.0	01/01/2012	Address change to forms
13.0	01/01/2013	No Changes
14.0	01/01/2014	No Changes
14.1	10/01/2014	Updated address on medical form
15.0	01/01/2015	No Changes
15.1	04/01/2015	No Changes
15.2	08/01/2015	No Changes
15.3	11/01/2015	Page Two: Headquarters information updated Updated address on forms
16.0	01/01/2016	No Changes

SDI Standards and Procedures

Part 6: SDI Forms

Revision History		
Revision Number	Date	Changes
17.0	01/01/2017	No Changes
18.0	01/01/2018	No Changes
19.0	01/01/2019	Updated specialty upgrade form. Updated member update form with First Response Training International ratings 1.1 Clarified what ratings form is used for Added non-scuba course liability release form Added 1.14 Divemaster course checklist Added 1.15 Assistant Instructor course checklist Added 1.16 Instructor Development Course (IDC) Instructor Evaluation Course (IEC) checklist Formatting updated
19.1	02/27/2019	New form for minors being supervised and/or trained in the US state of Florida
0120	01/01/2020	Multiple forms updates to include location/facility Diver registration form, specialty upgrade form, and dive leader application. Specialty instructor upgrade form corrected for video and wreck specialty selection boxes. "Print minors full name" added to "Notice To The Minor Child's Natural Guardian" form
0620	06/01/2020	No Changes
0121	01/01/2021	1.4 Specialty instructor upgrade form converted to one page with only procedures 1 & 2, and now allows multiple specialties per form. 1.12 ITI Medical Questionnaire and Physicians Sign Off replaced with UHMS equivalent form 1.14 ITI Medical Questionnaire replaced with UHMS Medical Questionnaire 1.18 Unique specialty upgrade form created
0221	02/01/2021	No Changes
0122	01/01/2022	1.2.2 Changed "ft." to "m/ft." on Initial statement 10 1.2.4 Changed "ft." to "m/ft." on Initial statement 10 1.4 "Air Fill Station Operator" added to course selection, "(where applicable)" added to "Make checks payable..." 1.18 Clarified "Pay application fee" check box
0122a	01/01/2022	1.11 Updated Dive Leader Application 1.12 Updated Medical Questionnaire and Physicians Sign Off 1.14 Updated SDI Student Record Folder
0122b	01/26/2022	1.11 Updated Dive Leader Application 1.12 Updated Medical Questionnaire and Physicians Sign Off 1.14 Updated SDI Student Record Folder

Revision History		
Revision Number	Date	Changes
0522	05/20/2022	1.11 Updated Dive Leader Application 1.12 Updated Medical Questionnaire and Physicians Sign Off 1.14 Updated SDI Student Record Folder
0123	08/25/2022	1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.6, 1.14 Text added to Liability Releases to be compliant with Montana statute 1.11 Text added to Liability Releases to be compliant with Montana statute, payment information removed, reference to new Member Agreement form added 1.19 Member Agreement added



1. Forms Overview

1.1 Scuba Diver Registration Form

Use this form for the following:

1. Open Water Scuba Diver
2. Junior Open Water Scuba Diver
3. Advanced Scuba Diver
4. Master Scuba Diver
5. Rescue Diver
6. Specialty (Remember to specify which specialty)

When using the student registration form, fax or scan and email to SDI Headquarters; the student cards will be returned in the mail.

Students can also be registered through the members' section of International Training Inc website.

When registering on-line the cards will be returned in the mail unless the facility has an in-store certification card printer. When using the in-store certification card printer, certification cards are printed and issued immediately to the students.

1.2 General Liability Release and Express Assumption of Risk Forms

Use this form to obtain the general liability release and assumption of risk from the students. Make sure to review the contents before starting on a course or specialty to ensure it has been completed and signed – including the signature of a witness.

Each course the student participates in requires a separate waiver release.

1. SDI General Liability Release and Express Assumption of Risk – for Teaching
2. SDI General Liability Release and Express Assumption of Risk - For Guided Scuba Tours for Certified Divers
3. SDI General Liability Release and Express Assumption of Risk - For Guided Snorkeling Tours
4. SDI General Liability Release And Express Assumption of Risk - For Unguided and Unsupervised Boat Dives for Certified Divers
5. International Training General Liability Release and Express Assumption of Risk – For non-SCUBA courses
6. International Training Notice To The Minor Child’s Natural Guardian

1.3 Notice To The Minor Child’s Natural Guardian

Use this form when teaching or supervising minors in the US state of Florida. This release is used in conjunction with the appropriate liability release for the specified activity or course.

1.4 Specialty Upgrade Form for Assistant Instructors and Instructors

Use this form to file for specialty upgrades.

1.5 Open Water Global Referral Form

Use this form to when a student is traveling to another facility for the open water certification. The procedure is covered in Part 2 – SDI Diver Standards Section 6 Open Water Scuba Diver Standards.

1.6 Solo Release Form

Use this form as the Solo Diver Liability Release.

1.7 Accident / Incident Report Form

Use this form to file information regarding an accident or incident with SDI Headquarters.

1.8 Academic Presentation Form

Use this form when preparing for the academic portion of a class. An example of its usage can be found in the academic portion of the Open Water Instructor Manual.

1.9 In-Water Presentation Form

Use this form when preparing for the confined portion of a class. An example of its usage can be found in the in-water portion of the SDI Open Water Scuba Diver Instructor Manual.

1.10 Member Update Form

Use this form when renewing if a membership or teaching status has lapsed after 2 years not teaching.

1.11 Dive Leader Application

Use this form to file for Divemaster, Assistant Instructor, and Open Water Scuba Diver Instructor ratings.

1.12 Medical Questionnaire and Physicians Sign Off

Use this form to obtain medical information for the students. Make sure to review the contents before starting on a course or specialty. Should the student mark yes to any item on the questionnaire, the Guidelines to the Physician and the Physician's Sign-off page are included in this form.

1.13 SDI JR Open Water Upgrade Form

Use this form when an individual who was originally certified as an SDI Open Water Scuba Diver, turns 15 and wishes to upgrade to an SDI Open Water Scuba Diver.

1.14 SDI Student Record Folder

Use this folder to document, and retain, all training records for an SDI Diver.

1.15 Divemaster Course Checklist

Use this form to track progress throughout the DM course

1.16 Assistant Instructor Course Checklist

Use this form to track progress throughout the AI course

1.17 Instructor Development Course (IDC) Instructor Evaluation Course (IEC) checklist

Use this form to track progress throughout an Instructor Development Course (IDC) or Instructor Evaluation Course (IEC)

1.18 Unique Specialty/Ops Course Application And Guidelines

Use this form to request for a Unique Specialty Instructor Upgrade

1.19 Member Agreement

Any new member must submit signed Membership Agreement with leadership level registration documents.



Scuba Diver Registration Form

1321 SE Decker Ave Stuart, FL 34994
Phone: 888-778-9073 Fax: 877-436-7096
Email worldhq@tdisdi.com www.tdisdi.com

Method of Payment

AMEX , MasterCard , Visa , Check or Money Order Make Checks Payable to International Training

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp. Date:

--	--	--	--

Signature:

Course:

Check only ONE course per diver registration form

- | | |
|---|---|
| <input type="checkbox"/> Open Water Scuba Diver | <input type="checkbox"/> Junior Open Water Scuba Diver |
| <input type="checkbox"/> Specialty (Please specify): | <input type="checkbox"/> Rescue Diver |
| <input type="checkbox"/> Advanced Scuba Diver (list four specialties below) | <input type="checkbox"/> Master Scuba Diver (list four specialties below) |

CERTIFICATION FEE: C-Card Only* C-Card and Certificate* (refer to current price list)

All diver c-cards & certificates are sent directly to the facility or student

Print name as it is to appear on C-Card	Complete mailing address (include City, State and Postal code)	Phone number E-mail address
DOB (mm/dd/yyyy):		
DOB (mm/dd/yyyy):		
DOB (mm/dd/yyyy):		
DOB (mm/dd/yyyy):		

Course Completion Date (mm/dd/yy):	2 nd Inst./Asst. by: _____ #: _____
<input type="checkbox"/> Freshwater Max training depth: <input type="checkbox"/> Saltwater Metres <input type="checkbox"/> Feet <input type="checkbox"/>	Location/Facility:
Instructor's SDI #:	Facility Number:
Instructor Name:	Ship To Address: Facility <input type="checkbox"/> Student (s) <input type="checkbox"/>
I certify that the above named students have completed the SDI training course indicated and have reached the proficiency level required by SDI Standards before issuing these certifications. In addition, I agree to void all cards not issued within six months.	Instructor Signature (Required on each Form) _____ Date Signed _____



International Training

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Directions: Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

For _____ (specify Course or Specialty) training program under sanction through SDI.

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities

_____ Further, I understand that diving with compressed air or oxygen enriched air (nitrox) involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open water diving trips, which are necessary for training and certification, may be conducted at a site that is remote, either by time of distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

_____ I understand and agree that neither my Instructor(s) _____, the facility through which I received my Instruction, _____, International Training and Scuba Diving International, nor the officers, directors, shareholders, affiliated companies, employees, agents, or assigns of the above listed entities and/or individuals, nor the authors of any materials including texts and tables expressly used for training and certification (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party, including the Released Parties, whether passive or active.

_____ In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen.

_____ I further agree to save, defend, indemnify, and hold harmless said course and Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or fraudulent.

_____ I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving course, and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said course and Released Parties for any such injuries incurred by me.

_____ I understand that these activities may place me deeper than I am able to safely execute a free (without breathing gas) ascent from.

_____ I understand that I may be required to furnish my own equipment and that I am responsible for its operating condition and maintenance.

_____ I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

_____ I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, _____ (AND OTHERS, _____), THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION _____, THE TRAINING AGENCY _____ AND INTERNATIONAL TRAINING AND SCUBA DIVING INTERNATIONAL, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

This document is required for all courses and Specialties taught under sanction by Scuba Diving International. No alterations, changes, omissions or revisions may be made.

Signature of Student/Participant _____ Date: _____ / _____ / _____
Day / Month / Year

Signatures of Parents or Guardians (where applicable) _____ Date: _____ / _____ / _____
Day / Month / Year

Witness Signature _____ Date: _____ / _____ / _____
Day / Month / Year

v0922



General Liability Release and Express Assumption of Risk

1321 SE Decker Ave Stuart, FL 34994
Phone: 888-778-9073 Fax: 877-436-7096
Email worldhq@tdisdi.com www.tdisdi.com

For Guided Scuba Tours for Certified Divers

Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities and participation in a guided tour as a diver.

Further, I understand that diving with compressed air, oxygen enriched air (Nitrox), and trimix supplied by standard open circuit scuba or with semi-closed circuit or closed circuit rebreathers involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, hypoxia, hypercapnia, marine life injuries or other barotrauma or hyperbaric injuries. Such injuries can occur that require treatment in a recompression chamber or medical facility. I further understand that dive activities can be at remote sites, and isolated by time and distance, from such a recompression chamber or medical facility. I still choose to proceed with such dives in spite of the absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither the instructor/guide _____, nor any of the respective employees, officers, agents or assigns of _____, (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this activity I hereby personally assume all risks in connection with said trip, for any harm, injury, or damage that may befall me while I am a diving participant including all risks connected therewith, whether foreseen or unforeseen.

I further agree to save, defend, indemnify, and hold harmless said Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my participation and diving activities including claims arising during this activity even if such claims may be groundless, false or fraudulent.

I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving trip and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said Released Parties for any such injuries incurred by me.

I understand that these activities may place me deeper than I am able to safely execute a free ascent (without breathing gas) from. I understand that I may be required to furnish some of my own equipment and that I am responsible for its operating condition and maintenance.

I understand that I may be supplied with certain items of scuba equipment and that I am responsible for reviewing its proper function and operating condition prior to using it.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I further state that I am already a qualified and certified scuba diver from the following training agencies: _____, and that I hold training to the level of _____. I am aware of the required certification level and/or experience necessary and recommended to enroll in this diving activity and I stipulate that I meet requirements for prior certification or equivalent experience. I have been a certified diver since _____ and have been diving for _____ years for a total of _____ dives to a maximum depth of _____ m/ft.

I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS DIVEMASTER/GUIDE, _____ THE BUSINESS, _____), AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

No alterations, changes, omissions or revisions may be made.

Signature of Student/Participant / Date
(where applicable)

Signatures of Parents or Guardians / Date

Witness / Date



General Liability Release And Express Assumption Of Risk

1321 SE Decker Ave Stuart, Fl 34994
Phone: 888-778-9073 Fax: 877- 436-7096
Email worldhq@tdisdi.com www.tdisdi.com

For Guided Snorkeling Tours

Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of snorkeling activities and participation in a guided tour as a snorkeler.

_____ Further, I understand that snorkeling involves certain inherent risks including marine life injuries, drowning, slipping & falling on either a vessel or a beach entry point, possible hazards from other watercraft or vessels in the area or other barotrauma injuries such as ear or mask squeezes, etc. Such injuries can occur that may require treatment in a medical facility. I further understand that snorkeling activities can be at remote sites, and isolated by time and distance, from such a medical facility. I still choose to proceed with such snorkeling activities in spite of the absence of a medical facility in proximity to the snorkeling site.

_____ I understand and agree that neither the instructor/guide _____, nor any of the respective employees, officers, agents or assigns of _____, (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this snorkeling activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

_____ In consideration of being allowed to participate in this activity I hereby personally assume all risks in connection with said trip, for any harm, injury, or damage that may befall me while I am a snorkeling participant including all risks connected therewith, whether foreseen or unforeseen.

_____ I further agree to save, defend, indemnify, and hold harmless said Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my participation and snorkeling activities including claims arising during this activity even if such claims may be groundless, false or fraudulent.

_____ I also understand that snorkeling activities are physically strenuous and that I will be exerting myself during this snorkeling trip and that if I am injured as a result of heart attack, panic, hyperventilation, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said Released Parties for any such injuries incurred by me.

_____ I understand that I may be required to furnish some of my own equipment and that I am responsible for its operating condition and maintenance.

_____ I understand that I may be supplied with certain items of snorkeling equipment and that I am responsible for reviewing its proper function, fit, and operating condition prior to using it.

_____ I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

_____ I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS DIVEMASTER/GUIDE, _____ THE BUSINESS, _____), AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

No alterations, changes, omissions or revisions may be made.

Signature of Student/Participant / Date
(where applicable)

Signatures of Parents or Guardians / Date

Witness / Date



International Training

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Directions: Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

For Unguided and Unsupervised Boat Dives for Certified Divers

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities and participation in a unguided unsupervised tour as a certified diver.

_____ Further, I understand that diving with compressed air, oxygen enriched air (Nitrox), and trimix supplied by standard open circuit scuba or with semi-closed circuit or closed circuit rebreathers involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, hypoxia, hypercapnia, marine life injuries or other barotrauma or hyperbaric injuries. Such injuries can occur that require treatment in a recompression chamber or medical facility. I further understand that dive activities can be at remote sites, and isolated by time and distance, from such a recompression chamber or medical facility. I still choose to proceed with such dives in spite of the absence of a recompression chamber in proximity to the dive site.

_____ I understand and agree that neither the captain and crew _____, nor the _____, nor any of the respective employees, officers, agents or assigns of _____, (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

_____ In consideration of being allowed to participate in this activity I hereby personally assume all risks in connection with said trip, for any harm, injury, or damage that may befall me while I am a diving participant including all risks connected therewith, whether foreseen or unforeseen.

_____ I further agree to save, defend, indemnify, and hold harmless said Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my participation and diving activities including claims arising during this activity even if such claims may be groundless, false or fraudulent.

_____ I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving trip and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said Released Parties for any such injuries incurred by me.

_____ I understand that these activities may place me deeper than I am able to safely execute a free ascent (without breathing gas) from.

_____ I understand that I may be required to furnish some of my own equipment and that I am responsible for its operating condition and maintenance.

_____ I understand that I may be supplied with certain items of scuba equipment and that I am responsible for reviewing its proper function and operating condition prior to using it.

_____ I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

_____ I further state that I am already a qualified and certified scuba diver from the following training agencies: _____, and that I hold training to the level of _____. I am aware of the required certification level and/or experience necessary and recommended to enroll in this diving activity and I stipulate that I meet those requirements for prior certification or equivalent experience. I have been a certified diver since _____ and have been diving for _____ years for a total of _____ dives to a maximum depth of _____ m/ft.

_____ I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE THE CAPTAIN/ CREW _____, THE VESSEL _____ THE BUSINESS _____ AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

No alterations, changes, omissions or revisions may be made.

Signature of Student/Participant (where applicable) _____ Date: ____/____/____
Day / Month / Year

Signatures of Parents or Guardians _____ Date: ____/____/____
Day / Month / Year

Witness Signature _____ Date: ____/____/____
Day / Month / Year

v0922



International Training

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Directions: Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

For Non-SCUBA Courses Only

For _____ (specify course) training program under sanction through International Training.

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of service technician activities and participation in service technician courses.

- _____ Further, I understand that working with pressurized cylinders, cleaning chemicals, sharp tools, fill stations and compressor systems involves certain inherent risks including, but not limited to, bodily injury, chemical burns, cuts, blunt trauma and back injury. Such injuries can occur that require treatment by a trained medical professional or medical facility. I further understand that these courses can be at remote sites, and isolated by time and distance, from such trained medical professional or medical facility. I still choose to proceed with such courses in spite of the absence of a trained medical professional or medical facility in proximity to the training location.
- _____ I understand and agree that neither the instructor _____, nor any of the respective employees, officers, agents or assigns of _____, or International Training. (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my estate, family, heirs, or assigns that may occur as a result of my participation in this activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.
- _____ In consideration of being allowed to participate in this activity I hereby personally assume all risks in connection with said activity, for any harm, injury, death or damage that may befall me while I am a participant including all risks connected therewith, whether foreseen or unforeseen.
- _____ I further agree to save, defend, indemnify, and hold harmless said Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my participation including claims arising during this activity even if such claims may be groundless, false or fraudulent.
- _____ I also understand that service technician, cylinder inspection, and gas blending activities are physically strenuous and that I will be exerting myself and that if I am injured as a result of exertion, heart attack, panic, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said Released Parties for any such injuries incurred by me.
- _____ I understand that I may be required to furnish some of my own equipment and that I am responsible for its operating condition and maintenance.
- _____ I understand that I may be supplied with certain items of service equipment and that I am responsible for reviewing its proper function and operating condition prior to using it.
- _____ I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.
- _____ I am aware of the required certification level and/or experience necessary and recommended to enroll in this activity and I stipulate that I meet requirements for prior certification or equivalent experience.
- _____ I agree that all terms of and any disputes relating to this agreement shall be governed by the laws of the State of Florida, USA.
- _____ I agree that if I choose to breach this agreement by bringing a lawsuit or other claim for damages or injunctive relief of any kind, that the U.S. District Court for the Southern District of Florida shall have exclusive jurisdiction over any such matter. I further agree that I waive any right I may have to a trial by jury and any claim shall be brought no later than one (1) year from the date of accident, incident or occurrence upon which the lawsuit or other claim for relief is brought.
- _____ I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, ASSISTANTS, _____ THE BUSINESS, _____, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

No alterations, changes, omissions or revisions may be made.

Signature of Student/Participant _____ Date: _____ / _____ / _____
Day / Month / Year

Signatures of Parents or Guardians (where applicable) _____ Date: _____ / _____ / _____
Day / Month / Year

Witness Signature _____ Date: _____ / _____ / _____
Day / Month / Year

v0916



International Training

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

Who should fill out this Addendum and when should it be used:

1. The Natural Guardian of any minor (under 18 years of age) at the start of a training course or supervised activity under the: Scuba Diving International, Technical Diving International, Performance Freediving International, or First Response Training International brands.
2. The Natural Guardian of a minor (under 18 years of age) participant in a training course or supervised activity taking place in the state of Florida.
3. This Addendum *does not replace* the applicable liability release form but is to be used in conjunction with.
4. This Addendum must be completed, in conjunction with the applicable liability release form, prior to the start of any training or supervised activity involving a minor in the state of Florida.

**READ THIS FORM COMPLETELY AND CAREFULLY.
 YOU ARE AGREEING TO LET YOUR MINOR CHILD
 ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY.
 YOU ARE AGREEING THAT, EVEN IF** (name of released party or

parties) _____ **USES
 REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A
 CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED
 BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE
 CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT
 BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE
 GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER
 FROM** (name of released party or parties) _____

**IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH,
 TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS
 FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.
 YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND** (name of
 released party or parties) _____ **HAS
 THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU
 DO NOT SIGN THIS FORM.**

**By my signature, I release all claims that both they and I have.
 No alterations, changes, omissions or revisions may be made.**

Print Minors full name _____

Natural Guardian's signature _____ Date: ____/____/____
Day / Month / Year

Printed name of Natural Guardian _____

v1220



International Training

SPECIALTY INSTRUCTOR UPGRADE FORM

Method of Payment

AMEX MasterCard Visa Check Money Order Make Checks payable to International Training (where applicable)

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

<input type="checkbox"/> Advanced Buoyancy Control	<input type="checkbox"/> Dry Suit	<input type="checkbox"/> Sidemount
<input type="checkbox"/> Air Fill Station Operator	<input type="checkbox"/> Equipment Specialist	<input type="checkbox"/> Solo
<input type="checkbox"/> Altitude	<input type="checkbox"/> Ice	<input type="checkbox"/> U/W Hunter & Collector
<input type="checkbox"/> Boat	<input type="checkbox"/> Marine Ecosystems Awareness	<input type="checkbox"/> U/W Navigation
<input type="checkbox"/> Computer Nitrox Diver	<input type="checkbox"/> Night /Limited Visibility	<input type="checkbox"/> U/W Photography
<input type="checkbox"/> Deep Diving (130 ft Max)	<input type="checkbox"/> Research	<input type="checkbox"/> Underwater Video
<input type="checkbox"/> Diver Propulsion Vehicle	<input type="checkbox"/> Search & Recovery	<input type="checkbox"/> Wreck
<input type="checkbox"/> Drift Diver	<input type="checkbox"/> Shore/Beach	<input type="checkbox"/> Other: (Specify) _____

Instructor Name: _____ Member #: _____

Mailing Address: _____

Phone number: _____ E-mail address: _____

Specialty Procedure #1 Participation in an Instructor Specialty Class:

An SDI Instructor has completed an SDI Specialty Instructor Course. ***Assistant Instructors must use this process**

Instructor Requirements:

- A. I agree to adhere to the SDI Specialty Course standard and outline provided by SDI Headquarters.
- B. Documentation of 10 dives in that particular specialty course.

Course Location: _____ Facility #: _____ Course Completion Date: _____

Instructor Trainer Signature: _____ SDI #: _____ Date: _____

AI or Instructor Signature: _____ SDI #: _____ Date: _____

Specialty Procedure #2 Administrative Specialty Instructor Upgrade. Must complete the dive history section below.

An instructor who wishes to cross over a specialty instructor rating from another certification agency to SDI.

OR

An instructor whose experience in a particular specialty meets the requirements to teach an SDI Specialty Course.

Instructor Requirements:

- A. I agree to adhere to the SDI Specialty Course standard and outline provided by SDI Headquarters.
- B. Documentation of 25 dives in each applied specialty course.

Instructor Signature: _____ Date: _____

Dive History

Include a brief summary of relevant experience for every checked specialty. Additional pages may be attached if more room is needed. _____



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



Open Water Global Referral Form

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Email worldhq@tdisdi.com

www.tdisdi.com

→ 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.



Open Water Global Referral Form

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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** ←



Solo Diving Liability Release and Assumption of Risk Agreement

1321 SE Decker Ave Stuart, FL 34994

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

Email worldhq@tdisdi.com

www.tdisdi.com

**THIS IS A RELEASE OF YOUR RIGHTS TO SUE! READ IT CAREFULLY.
FILL IN ALL BLANKS. INITIAL EACH PARAGRAPH BEFORE SIGNING.**

I, _____, hereby affirm that I have been advised of the inherent hazards of solo scuba diving. Further, I understand that such diving involves certain inherent risks including, but not limited to, drowning, decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries and other types of barotrauma and/or hyperbaric injuries. I further understand that by diving alone, I may not have a dive buddy to assist me should any of these, or any other, diving malady or accident occur while I am solo diving.

I, _____, understand and agree that neither my instructor(s): _____, the facility _____ through which I receive my instruction, nor SDI, nor any of their respective employees, officers, agents or assignees, nor the dive vessel, nor the dive operation through which I am granted the privilege of solo diving, nor my dive buddy, nor other participants in this solo diving activity (hereinafter referred to as Released Parties) may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs or assignees that may occur as a result of my participation in solo diving as a result of the negligence of any party, including the Released Parties, whether passive or active.

I, _____, in consideration for being allowed to solo dive, hereby personally assume all risks in connection with this activity for any harm, injury, or damage that may befall me while I am solo diving, including all risks connected therewith, whether foreseen or unforeseen, even if caused by the negligence of the Released Parties.

I, _____, further save and hold harmless the Released Parties from any claim or lawsuit by me, my family, estate, heirs or assignees arising out of my enrollment and participation in solo diving, including all claims arising before, during, and after this solo diving activity, even if caused by the negligence of the Released Parties.

I, _____, further state that I am already a certified diver and have been truthful in stating my qualifications as a certified scuba diver, and have the following certifications from the following training agencies: _____ that I am aware of the required certification for solo scuba diving, and that I meet all requirements. I have been a certified scuba diver since: _____, and have been diving for: _____ years for a total of: _____ dives to a maximum depth of: _____ feet/metres (**Circle either feet or metres**).

I, _____, understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act and will.

I, _____, further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

1. PLEASE COPY THE FOLLOWING STATEMENT (IN ITS ENTIRETY) ON THE BLANK LINES PROVIDED BENEATH THIS PARAGRAPH.

2. PLEASE SIGN, DATE AND WITNESS THE FORM WHERE INDICATED.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

STATEMENT:

IT IS MY INTENTION, BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELEASE THE RELEASED PARTIES FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

COPY HERE:

I have fully informed myself of the contents of this liability release and express assumption of risk agreement by reading it before I signed it on behalf of myself and my heirs. I understand this liability release and express assumption of risk agreement expresses the complete and whole agreement between me and the Released Parties as it relates to the issues set forth herein.

Signature of Diver Date

Witness Date



International Training

ACCIDENT / INCIDENT REPORT

Directions: Please print or type clearly. It is extremely important that you fill in this form COMPLETELY!

The information contained within all of the pages that make up this document is **CONFIDENTIAL** and **PRIVILEGED**. Said information is intended solely for the use of the individual to whom it is directed. If the recipient is a person / business other than those listed, you are hereby notified that any dissemination, copying, or other use of this communication is strictly prohibited. If you have received this document in error, please notify SDI (Scuba Diving International) immediately at (888) 778-9073 and destroy this document immediately thereafter. Thank you for your cooperation and courtesy in relation to this matter.

Date of Accident: _____ / _____ / _____ Name of Victim: _____
Day / Month / Year Last / Family / Surname First / Given Initial

Location of Accident: _____

Address of Victim: _____

Sex: M F Age: _____ Was this an Instructional Dive? Yes No Was this a Supervised Dive? Yes No

Check all items applicable: Fatality Bodily Injury Bends Embolism Non-Injury Other (describe): _____

Describe the diving experience of the victim; was he or she a student? Novice diver? Experienced diver?

Describe the injuries suffered by the victim: _____

Please provide all details regarding weather conditions (water, visibility, wind, waves etc.):

Please provide details of any equipment failure: _____

Please describe any rescue or emergency procedures used and first aid given:

Please list any other emergency personnel / Agencies that attended:

Narrative Report: Describe the accident and the events leading up to it with your best overview, including the roles of the participants. Use additional pages if needed to give a complete account:

Your Name: _____ Your SDI Number: _____
Last / Family / Surname First / Given Initial

Your Address: _____

Your Telephone Number: Day: _____ Evening: _____

Please describe your current diving status (i.e. Active Instructor, Divemaster etc.): _____

Describe your personal participation in the incident (i.e. were you instructing the victim, a witness, called on to assist, etc.): _____

Please list the names, addresses and phone numbers of all other participants, witnesses. Use additional sheets if needed: _____



Academic Presentation

1321 SE Decker Ave Stuart, FL 34994

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

Email worldhq@tdisdi.com

www.tdisdi.com

Topic:

Introduction: (Put your name and cert # SDI – xx, on the white board) – let students introduce themselves)

Time for presentation itself, Hours:

Minutes:

Attention getting step:

Objective:

Importance / Value:

Outline:

Key Points:

Presentation Body:

Summary:

Review key points:

Restate importance

Objectives tested (student interaction, eye contact, etc.):

Any questions?

Knowledge quest review

(Review to 100% comprehension.)

Continuing education class schedule (upcoming courses)

Be Friendly and Professional!



In-Water Presentation

1321 SE Decker Ave Stuart, FL 34994

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

Email worldhq@tdisdi.com

www.tdisdi.com

Introductions (Your name, your Divemaster's name – dive teams)

Time for presentation itself, Hours: Minutes:

1. Site briefing (pool, confined water, open water)
2. Emergency procedures
3. Description of site and site conditions (currents, boat traffic, features, etc)
4. Review hand signals
5. Skills to be conducted including buddy teams and pre-dive planning
6. Dive profile
7. Entry and exits

#	Skill	Importance / Value / Objective / Skill Explanation / Key-points
1		<i>Importance/ Value:</i> <i>Objective:</i> <i>Skill explanation:</i> <i>Key-points:</i>
2		<i>Importance/ Value:</i> <i>Objective:</i> <i>Skill explanation:</i> <i>Key-points:</i>
3		<i>Importance/ Value:</i> <i>Objective:</i> <i>Skill explanation:</i> <i>Key-points:</i>
4		<i>Importance/ Value:</i> <i>Objective:</i> <i>Skill explanation:</i> <i>Key-points:</i>
5		<i>Importance/ Value:</i> <i>Objective:</i> <i>Skill explanation:</i> <i>Key-points:</i>

Re-State (for each skill):

Praise:

Importance / Value:

Objective:

Key-points:

Test Objectives (ask questions):



Member Update Form (Page 1 of 2)

To be used by inactive members and/or Instructor Trainers to verify renewal or update requirements

	First	Middle	Last
Member Name:			
Address:			
City:	State:	Postal code:	
		Country:	
Phone: (H)	(W)	(M)	
Birth date (mm/dd/yyyy):		E-mail:	

SDI/TDI/ERDI Member Number (REQUIRED):	
Date last renewed with SDI/TDI/ERDI:	
SDI/TDI/ERDI Facility affiliation:	
Highest SDI/TDI/ERDI Professional rating:	
Date of last scuba diving medical:	(attach copy)
Date of last CPR and first aid certification:	(attach copy)

Other Agency Membership(s)

(List of any other agency memberships and current status. Include student count for past 2 years)

Certification:	Agency:	Certification #:
Current Status:		Date Last Active: / /
Certification:	Agency:	Certification #:
Current Status:		Date Last Active: / /

Level of Rating(s) Being Updated

1:
2:
3:

Instructor Trainer Details

Name:	Member #:
E-mail:	Phone:



Member Update Form (Page 2 of 2)

To be used by inactive members and/or Instructor Trainers to verify renewal or update requirements

Location of Update:

Update Components

(ITs must initial the relevant subject line(s) verifying the updating member has completed all the necessary skill performance and graduation requirements for the applicable instructor level course(s). Attach notes if necessary.

IT's Initials

Subjects:

- Online Professional Familiarization Program
- SDI Standards and Procedures Review
- TDI Standards and Procedures Review
- ERDI Standards and Procedures Review
- Current Training Updates Review
- SDI Instructor Evaluation Course (*required for SDI instructors updating*)
- Classroom Presentation
- Confined Water Lesson
- Open Water Lesson
- Written Exam Completed (*with 100% remediation as required*)
- First Response Training International Programs (specify)
- TDI Open Circuit Instructor Course (specify)
- TDI SCR Instructor Course (specify)
- TDI CCR Instructor Course (specify)
- TDI Overhead Environment Instructor Course (specify)
- ERDI Instructor Course Skill Performance Requirements
- Other (specify)
- Other (specify)
- Other (specify)

Number of academic presentations completed:

Number of confined water dives completed:

Number of open water dives completed:

Max depth:

Date update completed:

Declaration by Member: ***I fully understand and have completed all the requirements for this instructor update and am in possession of current student manuals and instructor guides for the ratings I hold. I also understand that this update does not guarantee renewal of membership or active teaching status and I am not authorized to teach SDI/TDI/ERDI programs until I have received approval from the HQ Training Department. I certify that I have no outstanding quality assurance issues with any scuba certifying agency and know of no reason that my status may not be renewed.***

Signature:

Date:

Declaration by instructor trainer: ***I verify that the member has satisfactorily completed all the requirements of this instructor update to the level required by current SDI/TDI/ERDI Standards.***

Signature:

Date:

Dive Leader Application



Student Info: Personal and Confidential Please Print Clearly Page 1 of 2



Name: _____ Birth Date: ____/____/____
Last / Family / Surname First / Given Initial Day / Month / Year

Address: _____ M F

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Phone: _____ Daytime Phone: _____

Email: _____

Occupation: _____ Referred by: _____

Emergency Contact: _____



Name: _____

Name: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Home Phone: _____

Home Phone: _____

Work/Cell Phone: _____

Work/Cell Phone: _____

Diving History (Please provide a brief explanation of your diving history, attach additional sheets as necessary): _____



Advanced Open Water Diver: Agency: _____ Certification Date: ____/____/____ Certification Number: _____

Instructor Name: _____

Rescue Diver: Agency: _____ Certification Date: ____/____/____ Certification Number: _____

Instructor Name: _____

CPR/First Aid: Agency: _____ Certification Date: ____/____/____ Certification Number: _____

Instructor Name: _____

Divemaster: Agency: _____ Certification Date: ____/____/____ Certification Number: _____

Instructor Name: _____

Assistant Instructor: Agency: _____ Certification Date: ____/____/____ Certification Number: _____

Instructor Name: _____

Open Water Instructor: Agency: _____ Certification Date: ____/____/____ Certification Number: _____

Course Director/ Instructor Trainer Name: _____

Instructor Trainer Name: _____

As indicated by my signature below, I am mentally and physically prepared to enroll in this course, in addition, I have provided my Instructor accurate dive and medical histories.

Student Signature: _____ Date: ____/____/____
Day Month Year

Student Name: _____

DIVEMASTER

Academic Session(s) and Review:

Date Completed: ____/____/____
Day Month Year

of Hours: _____

Pool/Confined Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Hours: _____

Open Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Hours: _____

The student above has completed all the Academic, Confined Water and Open Water requirements.

Location/Facility: _____

Instructor Name: _____ Instr. # _____

Instructor Signature: _____ Date: ____/____/____
Day Month Year

Assisting Instructor Name: _____ Instr. # _____

Student Signature: _____ Date: ____/____/____
Day Month Year

ASSISTANT INSTRUCTOR

Academic Session(s) and Review:

Date Completed: ____/____/____
Day Month Year

of Hours: _____

Pool/Confined Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Hours: _____

Open Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Hours: _____

The student above has completed all the Academic, Confined Water and Open Water requirements.

Location/Facility: _____

Instructor Name: _____ Instr. # _____

Instructor Signature: _____ Date: ____/____/____
Day Month Year

Assisting Instructor Name: _____ Instr. # _____

Student Signature: _____ Date: ____/____/____
Day Month Year

OPEN WATER INSTRUCTOR

Academic Session(s) and Review:

Date Completed: ____/____/____
Day Month Year

of Sessions/Hours: _____

Pool/Confined Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Sessions/Hours: _____

Open Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Sessions/Hours: _____

The student above has completed all the Academic, Confined Water and Open Water requirements.

Location/Facility: _____

Course Director/Instructor Trainer Name: _____ Instr. # _____

Course Director/IT Signature: _____ Date: ____/____/____
Day Month Year

Instructor Trainer Name: _____ Instr. # _____

Instructor Trainer Signature: _____ Date: ____/____/____
Day Month Year

Student Signature: _____ Date: ____/____/____
Day Month Year

Professional Course Check-Off Sheet

Check off the items listed below as they are completed.

SDI Divemaster

Send Copies to ITI HQ:

- Final Exam Answer Sheet
- Physician Sign-Off
- Dive Leader Application—Two Pages
- Member Agreement

SDI Assistant Instructor

Send Copies to ITI HQ:

- Final Exam Answer Sheet
- Physician Sign-Off
- Dive Leader Application—Two Pages
- Member Agreement

SDI Open Water Instructor

Send Copies to ITI HQ:

- Final Exam Answer Sheet
- Physician Sign-Off
- Dive Leader Application—Two Pages
- Member Agreement

Please contact candidate, instructor, or facility for payment info.

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

For _____ (specify course) training program under sanction through SDI.
(Only ONE course can be listed on this form)

Please read carefully. If any questions arise, ask your instructor before signing.
Fill in and initial each paragraph before signing at the bottom.

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities

Further, I understand that diving with compressed air, oxygen enriched air (nitrox) involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyper baric injuries can occur that require treatment in a recompression chamber. I further understand that the open water diving trips, which are necessary for training and certification, may be conducted at a site that is remote, either by time of distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s) _____, the facility through which I received my instruction, _____, International Training and Scuba Diving International, nor the officers, directors, shareholders, affiliated companies, employees, agents, or assigns of the above listed entities and/or individuals, nor the authors of any materials including texts and tables expressly used for training and certification (hereinafter referred to as "Released Parties") may be held liable or responsible in anyway for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen.

I further agree to save, defend, indemnify, and hold harmless said course and Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or fraudulent.

I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving course, and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said course and Released Parties for any such injuries incurred by me.

I understand that these activities may place me deeper than I am able to safely execute a free (without breathing gas) ascent from.

I understand that I may be required to furnish my own equipment and that I am responsible for its operating condition and maintenance.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, _____ (AND OTHERS, _____), THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION _____, THE TRAINING AGENCY _____ AND INTERNATIONAL TRAINING, AND SCUBA DIVING INTERNATIONAL, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Student/Participant

Date Day / Month / Year

Signature of Parent or Guardian
(where applicable)

Witness

Date Day / Month / Year

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Participant Signature

If you answered **NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Participant Name (Print)

Instructor Name (Print)

Date (dd/mm/yyyy)

Birthdate (dd/mm/yyyy)

Facility Name (Print)

* If you answered **YES** to questions 3, 5 or 10 above **OR** to any of the questions in boxes A - G below, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1. I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go To Box A	No <input type="checkbox"/>
2. I am over 45 years of age.	Yes <input type="checkbox"/> Go To Box B	No <input type="checkbox"/>
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go To Box C	No <input type="checkbox"/>
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go To Box D	No <input type="checkbox"/>
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go To Box E	No <input type="checkbox"/>
8. I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go To Box F	No <input type="checkbox"/>
9. I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go To Box G	No <input type="checkbox"/>
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam)).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box E – I have/have had:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box G – I have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>



Name

Last / Family / Surname

First / Given

Initial

Daytime Phone

Cell Phone



**UNDERSEA &
HYPERBARIC
MEDICAL
SOCIETY**

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required).

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Diver Medical | Medical Examiner's Evaluation Form

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego



Diving Medical Guidance to the Physician

These guidelines are typically used by physicians who have been approached by an individual wishing to take part in recreational scuba diving or freediving. They will usually have completed a [WRSTC Diver Medical Participant Questionnaire](#).

Recreational scuba diving and freediving (hereafter "diving") is performed safely by many people. The risks associated with diving may be increased by certain physical conditions, and the relationship to diving may not be readily appreciated by candidates. Thus, it is important to screen divers for such conditions.

A physical examination for diving focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation with subsequent arterial gas embolization, and other conditions such as loss of consciousness, which could lead to drowning. Additionally, divers must be able to withstand some degree of thermal stress, the physiological effects of immersion, and have sufficient physical and mental reserves to deal with normal diving and possible emergencies.

The history, review of systems, and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not exhaustive, but contains the most commonly encountered medical problems. The brief introductions serve as an alert to the nature of the risk posed.

The potential diver and his or her physician must weigh the benefits to be had by diving against an increased risk of injury or death due to the individual's medical condition. As with any recreational activity, there are limited data for diving with which to calculate the mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of injury compared with the general population. The consultants involved in drafting this document would generally discourage a candidate with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgment on an assessment of the individual candidate. **Temporary Risk** refers to medical problems which may preclude diving but are temporary in nature, allowing the individual to dive after they have resolved.

Following many of the sections is a short list of references that give more information on the topic. The lists are not exhaustive, but examples that may be of particular relevance.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the candidate's status. A list of references is included to aid in clarifying issues that arise.

The following sections are included in this document (click to jump to section):

[BEHAVIORAL HEALTH](#) [CARDIOVASCULAR SYSTEMS](#) [GASTROINTESTINAL](#) [HEMATOLOGICAL](#)
[METABOLIC AND ENDOCRINOLOGICAL](#) [NEUROLOGICAL](#) [ORTHOPEDIC](#) [OTOLARYNGOLOGICAL](#) [PULMONARY](#)

BEHAVIORAL HEALTH

Behavioral health is one of the most difficult aspects of diver candidate evaluation, because many relevant potential problems may not be apparent and are not easily assessed in an office consultation. This is also an aspect of evaluating suitability for diving in which the diving instructor, who observes the candidate in the field, must also play a part.

The diving candidate must be capable of learning and applying a theoretical knowledge base for diving. Significant intellectual handicap is incompatible with independent diving. Medical examiners need to be attuned to both safety and pragmatic considerations associated with learning and developmental disabilities that require special accommodations and/or medication(s). Prospective divers who have been formally diagnosed with a learning or developmental disability may seek medical advice regarding their fitness to dive and can benefit from insight into the potential safety and educational accommodations that may be required. A medical clearance does not constitute a mandate to an instructor to take an individual as a student. Nor does it imply that the prospective diver has undergone a formal learning/developmental disability evaluation, which is outside the scope of these examinations.

The decision to eventually certify an individual as a diver, taking account of a learning/developmental disability and the candidate's capacity to accommodate it in diving is, ultimately, up to the instructor, who will have the opportunity to assess knowledge acquisition and observe the candidate's behavior and performance in the instructional setting.

Motivational and behavioral traits should be considered if there is obvious related history or problems become apparent during training. Candidates who appear unmotivated, irresponsible, or prone to distraction or panic should be discouraged from diving.

A history of psychiatric disease is not in and of itself disqualifying. Psychotropic medications can be problematic if they are associated with altered level of awareness or sedation, or may alter seizure threshold, (e.g., benzodiazepines, narcotics). What is of primary importance is the individual's current psychological state, and anticipated impact of their mental/psychological history relative to their ability to navigate the potential and anticipated challenges and stresses of diving. The level of baseline mental health, with or without medication, is therefore of greater importance than the theoretical effects of a given medication or class of medications while diving.

Candidates with major depression, bipolar disorder, psychoses, or current drug or alcohol abuse should not dive. Even if a candidate is well controlled on medication (see below for discussion of SSRIs), there may be risks associated with the use of potent antidepressants and antipsychotic drugs in the underwater environment. The tendency for potent psychotropic drugs to impair concentration and cause drowsiness is of particular concern, as is their potential to lower the seizure threshold, and the lack of research data evaluating potential interactions with the pressure environment. Candidates with a past history of major psychiatric problems or drug/alcohol abuse who are stable without medication and withdrawn from drugs and alcohol can be considered on a case-by-case basis, preferably by a physician trained in diving medicine.

Perhaps the most challenging group of candidates from a behavioral perspective in the modern context is those with "mild" depression (those who have never been hospitalized for psychiatric treatment or placed on psychiatric hold or attempted self-harm) or those with mood disturbances treated with selective serotonin reuptake inhibitors (SSRIs). The general use of SSRIs has increased dramatically over recent years in many countries. There are no data describing use of SSRIs among divers, but anecdotally the numbers are significant. Concerns over diving while using SSRIs relate to the disorder being treated and to the potential interaction between the drug and diving. There are many candidates taking these drugs whose mild mood disturbance would not of itself constitute a reason to avoid diving. Evaluation of the potential for an interaction between SSRIs and diving is more difficult. There are no published reports of apparent problems despite what is almost certainly a large number of divers using them. Diving while taking an SSRI is probably acceptable provided that: the treated mood disturbance was mild prior to treatment and has been well controlled by the drug; the drug has been used for at least one month without evidence of relevant side effects; and the candidate is fully counseled about (and accepting of) the relevant risks. If the candidate is considering diving beyond the traditional recreational envelope or using gases other than air, he or she should consult an appropriate diving medicine specialist.

There are also potential risks associated with other drugs used to treat psychiatric conditions, including serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs), and atypical agents (including bupropion). Candidates on these medications should be evaluated on a case-by-case basis.

Severe Risk Conditions

- Active major depression, bipolar or psychotic disorder
- History of panic attacks
- Drug or alcohol abuse
- Severe intellectual handicap

Relative Risk Conditions

- Questionable motivation to dive – solely to please spouse, partner or family member, or to prove oneself in the face of personal fears
- Developmental delay/Cognitive impairment
- Anxiety disorder
- History of drug or alcohol abuse
- History of major depression, bipolar, or psychotic disorder
- Use of psychotropic medications
- Claustrophobia or agoraphobia

CARDIOVASCULAR SYSTEMS

Diving places increased demands on the heart. Immersion itself results in an increase in cardiac preload, as does peripheral vasoconstriction with an increase in blood pressure. These changes are typically accompanied by sustained mild to moderate exercise. Perhaps not surprisingly, almost 30% of recreational diving fatalities have a cardiac event as the disabling injury. It follows that the primary goals of evaluating the cardiovascular system in a diving candidate are to identify those who appear to be at risk of myocardial ischemic events, myocardial insufficiency, or other cardiac events (such as arrhythmias) that might disable a diver underwater, and to establish that the candidate has an adequate exercise capacity for diving.

With the above in mind, some cardiac diagnoses are considered to render a candidate unsuitable for diving, including: untreated symptomatic coronary artery disease, dilated or obstructive or previous stress cardiomyopathy, congestive heart failure, moderate or worse pulmonary hypertension, long QT syndrome or other arrhythmia-inducing channelopathies, paroxysmal arrhythmias causing unconsciousness or impairment of exercise capacity, poor exercise capacity of apparent cardiac origin, moderate to severe valvular lesions, complex congenital cardiac disease, atrial septal defect, and the presence of an implanted cardiac defibrillator.

Potential candidates with any of the following should be investigated to exclude a disqualifying condition:

- Exertional chest pain, dyspnea, palpitations, or syncope
- Unexplained syncope/near syncope
- Heart murmur
- Hypertension
- Family history of premature death (sudden/unexpected or cardiac) before age 50, cardiac disease before age 50, cardiomyopathy, arrhythmia, or channelopathy

It is strongly recommended that these candidates be evaluated in consultation with a physician trained in diving medicine and possibly a cardiologist. Successful treatment of disqualifying cardiac disorders may result in a candidate becoming suitable for diving. For example, a candidate with coronary artery disease (including previous myocardial infarction) who has been successfully revascularized may be suitable for diving if inducible ischemia can be excluded and adequate exercise capacity demonstrated (for example, in an exercise stress test). The capacity to sustain exercise at 6 MET (metabolic equivalent of task; 1 MET approximates resting metabolic rate, assumed to approximate an oxygen consumption of 3.5 mL/kg/min; 6 MET approximates an effort of six times resting metabolic rate, approximating an oxygen consumption of 21 mL/kg/min is a pragmatic expectation for a recreational diver, but there may be an occasional need to exercise transiently at higher levels during diving. Similarly, a candidate with a history of paroxysmal arrhythmia who has undergone successful pathway ablation may

be suitable for diving. Candidates with any of the above diagnoses who wish to consider diving after appropriate treatment are best referred to a physician trained in diving medicine for evaluation.

Asymptomatic candidates over 45 years of age with risk factors for coronary artery disease should undergo evaluation by a physician. Individuals with a predicted 5-10 year risk of a cardiovascular event >10% using a cardiac risk calculator should be investigated for coronary disease unless they provide a credible history of exercise capacity which renders significant coronary disease very unlikely. A coronary calcium score is a suitable initial investigation, and a myocardial perfusion scan, stress echocardiogram, or CT coronary angiogram should be considered in following up a positive calcium score. Consideration of a tailored investigation pathway for the individual diving candidate is ideally undertaken by a cardiologist in consultation with a physician trained in diving medicine. Candidates who prove to have inducible ischemia or obstructive lesions justifying intervention should not dive until completion of the intervention and demonstration of its success. Candidates with non-obstructive coronary disease not requiring invasive intervention should have aggressive management of risk factors and may be suitable for diving if adequate exercise capacity can be demonstrated. Although an exercise ECG is relatively insensitive to early coronary disease, it has the advantage of demonstrating exercise capacity and can be modified to test sustained exercise at 6 MET.

Left ventricular hypertrophy (LVH) is a risk factor for arrhythmias, which may be induced by exercise or immersion. Candidates for diving with this condition should be counseled about the risks of diving.

A patent foramen ovale (PFO) that exhibits right-to-left shunting with no or minimal provocation is a risk factor for serious neurological decompression sickness. In established divers, such lesions are usually discovered by bubble contrast echocardiography conducted after a relevant episode of decompression sickness. These divers are usually advised either to cease diving, modify their diving to reduce venous bubble formation (venous bubbles crossing from right to left are almost certainly the vectors of harm in this setting), or to have the PFO repaired. Occasionally, new diver candidates have a previously discovered PFO, and in such cases an objective assessment of the shunting behavior of the lesion is required in order to adequately counsel the candidate about the implied risks in diving. If not already done, this is best achieved using bubble contrast transthoracic echocardiography at rest and with provocative maneuvers. It is strongly recommended that the results of such tests are discussed with a physician trained in diving medicine. Routine screening of all diving candidates for PFO is not recommended.

In relation to some specific cardiovascular diagnoses: Treated hypertension with adequate control is acceptable in diving in the absence of other risk factors that would meet a risk threshold indicating screening for coronary artery disease. Atrial fibrillation that is adequately rate-controlled in a candidate without inducible myocardial ischemia and who exhibits adequate exercise capacity is acceptable in diving. However, many such candidates are anticoagulated and the risks of diving whilst anticoagulated would need to be understood and carefully considered by the candidate. This is best achieved through discussion with a physician trained in diving medicine.

Immersion pulmonary edema is a problem that has been seen in swimmers, compressed gas divers, and freedivers. The condition may be under-diagnosed. Risk factors include hypertension, valvular disease, diastolic dysfunction, cardiomyopathies, pulmonary hypertension, hyperhydration, immersion, cold stress, constrictive garments, exercise, and for compressed gas divers, increased breathing resistance (affected by equipment, gas density, and body position), and for freedivers, pulmonary squeeze due to compression during descent. A single episode of immersion pulmonary edema may contra-indicate further diving if no modifiable risk factors are found. Repetitive cases represent a strong contra-indication. A diver or new diving candidate with such a history should be referred to a physician trained in diving medicine for discussion of the relevant issues.

Candidates with pacemakers may be able to dive, though pacemaker-dependent candidates should consider the risks carefully. The pathologic process that necessitated the pacemaker should be considered as should the candidate's functional capacity (see above). Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving. Devices vary in this regard, but diving beyond 30 meters/100 feet with any of them is unwise.

Severe Risk Conditions

- Untreated symptomatic coronary artery disease
- Dilated or obstructive cardiomyopathy
- Heart failure
- Pulmonary hypertension
- Long QT syndrome or other arrhythmia-inducing channelopathies
- Paroxysmal arrhythmias causing unconsciousness or impairment of exercise capacity
- Poor exercise capacity of apparent cardiac origin
- Moderate to severe valvular lesions
- Complex congenital cardiac disease
- Atrial septal defect
- Presence of an implanted cardiac defibrillator
- Multiple episodes of immersion pulmonary edema

Relative Risk Conditions

- Treated coronary artery disease
- Collectively, risk factors such as age >45 years, hypertension, smoking, elevated cholesterol and a positive family history may indicate investigation for coronary artery disease
- History of dysrhythmias requiring medication for suppression
- Mild valvular lesions (need periodic re-evaluation)
- Cardiac prostheses or arrhythmias requiring anticoagulation
- Pacemakers
- Single previous episode of immersion pulmonary edema
- Marfan syndrome or other connective tissue disorder (severe risk if there is a history of dissection)
- Left ventricular hypertrophy

References

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- Moon RE, Bove AA, Mitchell SJ. PFO statement. In: Denoble PJ, Holm JR. eds. Patent Foramen Ovale and Fitness to Dive Consensus Workshop Proceedings. Durham, NC: Divers Alert Network, 2016; 156-160.
- Pollock NW. Aerobic fitness and underwater diving. *Diving Hyperb Med.* 2007; 37(3): 118-124.
- Smart D, Mitchell SJ, Wilmshurst P, Turner M, Banham N. Joint position statement on persistent (patent) foramen ovale and diving. South Pacific Underwater Medicine Society (SPUMS) and the United Kingdom Sports Diving Medical Committee (UKSDMC). *Diving Hyperb Med.* 2015; 45(2), 129-131.

GASTROINTESTINAL

In general terms, there should be no gastrointestinal conditions present that increase the likelihood of vomiting, reflux, bleeding, perforation, diarrhea, or pain. Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Trapped gas expands as the diver surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning. Dive activities may take place in areas remote from medical care, and the possibility of acute recurrences of disease must be considered.

Severe Risk Conditions

- Active inflammatory bowel disease
- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal hernia
- Gastroparesis

Relative Risk Conditions

- Inflammatory bowel disease when quiescent
- Functional bowel disorders

Temporary Risk Conditions

- Peptic ulcer disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate

References

Bennett PB, Cronje FJ, Campbell E, Marroni A, Pollock NW. Assessment of Diving Medical Fitness for Scuba Divers and Instructors. Flagstaff, AZ: Best Publishing. 2006; 241 pp.

Vote D. Gastrointestinal issues – consider them before returning to diving. https://www.diversalertnetwork.org/medical/articles/Gastrointestinal_Issues

US Navy Diving Manual, Volume 2, Revision 7. Gastrointestinal distension. NAVSEA 0910-LP-115-1921. Naval Sea Systems Command: Washington, DC, 2016: 3-31-3-32.

HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (eg, in hemophilia) may be difficult to distinguish from decompression illness. Thrombophilic disorders (hereditary or acquired) may facilitate vascular thrombosis and susceptibility to DCS.

Relative Risk Conditions

- Sickle cell disease
- Polycythemia vera
- Leukemia
- Hemophilia/Impaired coagulation
- Recent blood transfusion
- Recent thrombotic episodes
- Hereditary hypercoagulability conditions
 - Factor V Leiden
 - Prothrombin 20210A
 - Protein C deficiency

- Protein S deficiency
- Antithrombin deficiency

Temporary Risk Conditions

- Prescription of anti-coagulant drugs of any kind, including platelet aggregation inhibitors

References

Bennett PB, Cronje FJ, Campbell E, Marroni A, Pollock NW. Assessment of Diving Medical Fitness for Scuba Divers and Instructors. Flagstaff, AZ: Best Publishing. 2006; pp 97-104.

Parker J. Haematology. In: The Sports Diving Medical, 2nd Edition. JL Publications, Melbourne 2002, pp 100-102.

Wendling J, et al. Haematological disorders. In: Medical Assessment of Fitness to Dive. International Edition. Hyperbaric Editions CH 2502 Biel, 2001, pp 126. ISBN 3-9522284-1-9.

METABOLIC AND ENDOCRINOLOGICAL

States of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

Severe Risk Conditions

- The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, except when conducted according to the consensus guidelines for recreational diving with diabetes.
- Pregnancy: The effect of venous emboli formed during decompression on the fetus has been proven to be potentially detrimental to fetus health. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant. (Note that in cases where pregnancy is discovered after diving, it is not considered grounds for termination.)

Relative Risk Conditions

- Hormonal excess or deficiency
- Obesity
- Renal insufficiency

References

Damnon F, de Rham M, Baud D. Should a pregnancy test be required before scuba diving? Br J Sports Med. 2016; 50(18): 1159-1160.

Dear GdeL, Pollock NW, Uguccioni DM, Dovenbarger J, Feinglos MN, Moon RE. Plasma glucose response to recreational diving in divers with insulin-requiring diabetes. Undersea Hyperb Med. 2004; 31(3): 291-301.

Held HE, Pollock NW. The risks of diving while pregnant - reviewing the research. Alert Diver. 2007; Mar/Apr: 48-51.

Pollock NW, Uguccioni DM, Dear GdeL. Diabetes and recreational diving: guidelines for the future. Diving Hyperb Med 2006; 36(1): 29-34.

NEUROLOGICAL

Neurological illnesses, especially those affecting the spinal cord and peripheral nerves, should be assessed according to the degree of functional compromise present. Any condition that diminishes the reserve capacity of the spinal cord may reduce the likelihood of a full functional recovery, should an episode of spinal decompression sickness occur. Conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, may contraindicate diving, because an exacerbation or attack of the pre-existing disease (eg, migraine headache with aura) may be difficult to distinguish from neurological decompression

sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure. A diagnosis of epilepsy is considered an absolute contraindication for diving.

Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:

- Epilepsy or history of seizures, other than childhood febrile seizures
- History of transient ischemic attack (TIA) or cerebrovascular accident (CVA)
- History of serious (central nervous system, cerebral or inner ear) decompression sickness with residual deficits
- Recurrent episodes of loss of consciousness or fainting

Relative Risk Conditions

Complicated migraine headaches, particularly if severe, frequent or presenting with neurological manifestations eg, motor, sensory or cognitive disturbance.

- History of head injury with sequelae other than seizure
- Herniated nucleus pulposus
- Intracranial tumor or aneurysm
- Peripheral neuropathy
- Multiple sclerosis
- Trigeminal neuralgia
- History of spinal cord or brain injury
- Parkinson's disease

References

Bennett PB, Cronje FJ, Campbell E, Marroni A, Pollock NW. Assessment of Diving Medical Fitness for Scuba Divers and Instructors. Flagstaff, AZ: Best Publishing. 2006; 241 pp. 173-188.

Burkett JG, Nahas-Geiger SJ. Diving Headache. *Curr Pain Headache Rep.* 2019;23(7):46.

Massey EW, Moon RE. Neurology and diving. *Handb Clin Neurol.* 2014;120:959-969.

Rosinska J, Łukasik M, Kozubski W. Neurological complications of underwater diving. *Neurol Neurochir Pol.* 2015;49(1):45-51.

UK Diving Medical Committee, Neurological disease. <http://www.ukdmc.org/medical-conditions/neurological-disease/>

ORTHOPEDIC

Mobility above and under the water is an essential requirement for any sport or recreational diver. Entering the water from shore or a dive boat, underwater propulsion and exiting into a dive boat or onto shore should be possible without great difficulty.

Relative impairment of mobility, particularly on a boat or ashore with equipment weighing up to 30 kg/66 lb (or significantly more in the case of cold water or for more equipment intensive activities, for example), must be assessed. Orthopedic conditions of a degree sufficient to impair exercise performance may increase the risk.

In some cases, like amputations resulting in various degrees of disability, it would be advisable to judge case by case by a physician trained in diving medicine.

Relative Risk Conditions

- Amputation
- Scoliosis: must also assess impact on respiratory function and exercise performance
- Aseptic necrosis: possible risk of accelerated progression due to the effects of decompression
- Disc prolapse
- Habitual luxation (eg, shoulder, hip, patella)
- Degenerative joint diseases

Temporary Risk Conditions

- Back pain
- Fractures until complete healing of bone and soft tissue and positive weight bearing tests taking into consideration the weight of the used dive gear on land
- Muscle-tendon and ligament injuries
- Completion of physiotherapy/rehabilitation regimes

References

Moeller JL. Contraindications to athletic participation. *Physic Sportsmed.* 1996; 24(9): 57-75.

OTOLARYNGOLOGICAL

Equalization of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear, and paranasal sinuses. Failure of this to occur results at least in pain and in the worst-case rupture of the occluded space with disabling and possible lethal consequences. The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes may be prone to reinjury with marked overpressurization during vigorous or explosive Valsalva maneuvers. The larynx and pharynx must be free of obstruction to airflow. The laryngeal and epiglottic structures must function normally to prevent aspiration. Mandibular and maxillary function must be capable of allowing the candidate to hold a scuba regulator mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air-filled cavities involved.

Severe Risk Conditions

- Monomeric tympanic membrane (TM)
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- 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

- History of vestibular decompression sickness
- Symptomatic nasal or sinus polyps
- Ménière's disease

Relative Risk Conditions

- Recurrent otitis externa
- Significant obstruction of external auditory canal
- History of significant cold injury to pinna
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- History of TM perforation
- History of tympanoplasty
- History of mastoidectomy
- Significant conductive or sensorineural hearing impairment
- Facial nerve paralysis not associated with barotrauma
- Full prosthodontic devices
- History of mid-face fracture
- Unhealed oral surgery sites
- History of head and/or neck therapeutic radiation
- History of temporomandibular joint dysfunction
- History of round window rupture
- Symptomatic nasal septum deviation
- Recurrent benign positional vertigo
- Otosclerosis

References

Lechner M, Sutton L, Fishman JM, Kaylie DM, Moon RE, Masterson L, et al. Otorhinolaryngology and diving - part 1: otorhinolaryngological hazards related to compressed gas scuba diving: a review. *JAMA Otolaryngol Head Neck Surg.* 2018;144(3):252-258.

Lechner M, Sutton L, Fishman JM, Kaylie DM, Moon RE, Masterson L, et al. Otorhinolaryngology and diving – part 2: otorhinolaryngological fitness for compressed gas scuba diving: a review. *JAMA Otolaryngol Head Neck Surg.* 2018;144(3):259-263.

Molvaer OI. Otorhinolaryngological aspects of diving. In: Bennett PB, Elliott DH, eds. *Physiology and Medicine of Diving*, 5th ed. Saunders, Edinburgh, 2003. P227-P264.

Wendling J, et al. Otorhinolaryngology. In: *Medical Assessment of Fitness to Dive. International Edition.* Hyperbaric Editions CH 2502 Biel, 2001. Pp25-48. ISBN 3-9522284-1-9.

PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary over inflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: asthma, chronic obstructive pulmonary disease (COPD), cystic or cavitating lung diseases may all cause air trapping.

Undersea and Hyperbaric Medical Society and British Thoracic Society guidelines recommend that asthmatics should be advised not to dive if they have wheeze precipitated by exercise, cold, or emotion. Asthmatic individuals who are currently well controlled and have normal pulmonary function tests may dive if they have a negative exercise test. Many people with asthma have well controlled disease and are physically fit. They may, however, show minor abnormalities on spirometry at rest or after exercise. Those with a history of severe or unpredictable

acute exacerbations are not fit to dive. For those without such a history, the overriding consideration is that the candidate must be physically fit and not impaired after exercise or cold air breathing, which is the normal case of gas expanding from within a scuba cylinder. The best way to assess fitness is with an exercise test. Inhalation challenge tests (eg, using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving. If persons with breathing issues are cleared to dive, they need to take their regular inhalers and should not dive if suffering symptoms suggestive of exacerbation. Note that the FEV₁/FVC ratio may be reduced below predicted, but provided there is no deterioration after exercise and the person performs well on the exercise test, a mildly obstructed spirometric tracing on its own is not a contraindication to diving.

A pneumothorax that occurs while diving may be catastrophic. As the diver ascends, trapped gas expands and could produce a tension pneumothorax. In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Individuals who have experienced spontaneous pneumothorax are at risk of recurrence, and should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (eg, pleurodesis, apical pleurectomy) or may not totally correct it (eg, resection of blebs or bullae). A high-resolution CT (HRCT) scan of the lungs may reveal cysts or blebs that represent a risk. Persons who have no parenchymal abnormality on HRCT and have had bilateral surgical pleurodesis (including VATS pleurodesis) may be cleared to dive. However, in most cases, a history of spontaneous pneumothorax will be an absolute contraindication to diving. Traumatic pneumothorax is not a problem as the likelihood of subsequent spontaneous pneumothorax is vanishingly low.

Structural disorders of the chest or abdominal wall or neuromuscular disorders may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

The emergence of COVID-19 has placed an additional layer of complexity related to fitness to dive evaluations. It is beyond the scope of this document to prescribe or mandate specific tests or timelines related to fitness to dive determinations. What is of importance is awareness of the potential body systems effected by COVID-19, and to take a thoughtful and thorough history related to disease course, time since the infection resolved, and state of physical and mental health at the time of the examination.

Clinical factors that are important to consider include symptom severity during the infection and need for intensive care (e.g., ventilator support). Disease severity likely correlates with the extent of pulmonary injury and potential cardiac involvement, and in the case of intubation, may be associated with severe deconditioning, muscle atrophy and even post-traumatic stress. As such, assessment of the diver with a history of COVID-19, may require more than just a pulmonary evaluation. At the time of this publication, the medical community does not have sufficient data to support arbitrary requirements for specific testing, nor duration of post-infection convalescence after which individuals can be considered safe to return to diving.

The following documents provide current guidance on investigation of COVID-19 patients prior to diving. This is an area that is evolving and updated often; please see these resources for more current information and considerations regarding these issues.

[UC San Diego Guidelines for Evaluation of Divers during COVID-19 pandemic](#)

[Centers for Disease Control and Prevention, People Who Are at Higher Risk for Severe Illness](#)

[European Committee for Hyperbaric Medicine and European Underwater and Baromedical Society, COVID-19 Pandemic – Position Statements](#)

For those looking for aseptic practices, the following resources may be useful:

[Divers Alert Network Europe](#)

[Divers Alert Network Americas](#)

Severe Risk Conditions

- History of spontaneous pneumothorax (see notes)
- Impaired exercise performance due to respiratory disease
- Respiratory impairment secondary to cold gas breathing
- Pulmonary hypertension

Relative Risk Conditions

- Asthma, reactive airway disease (RAD), exercise-induced bronchospasm (EIB) or COPD (see notes)
- Solid, cystic or cavitating lesion
- Pneumothorax secondary to:
 - Thoracic surgery
 - Trauma or pleural penetration (see notes)
 - Previous overinflation injury
- Obesity
- History of immersion pulmonary edema or restrictive disease
- Interstitial lung disease: may increase the risk of pneumothorax and likely to limit exertion
- Sleep apnea

References

Godden D, Currie G, Denison D, Farrell P, Ross J, Stephenson R, Watt S, Wilmshurst P. British Thoracic Society guidelines on respiratory aspects of fitness for diving. *Thorax*. 2003;58:3-13.

DIVERS ALERT NETWORK (DAN)

Divers Alert Network (DAN), a non-profit organization, provides medical information and advice for the benefit of the diving public. DAN is not a regulatory agency and does not set physical standards or guidelines for scuba diving. The responsibility for the decision of whether or not to dive is generally left up to the individual, the physician, as well as the dive provider. This decision, however, should be based on the most current diving medical information available.

DAN may be able to provide current medical literature and information that can be used to assist in this decision-making process. If desired, DAN may also provide referrals to local physicians who are knowledgeable in dive medicine and physiology. However, DAN cannot and does not decide whether an individual may or may not participate in the sport of scuba diving. For more information, please feel free to contact one of the DAN offices listed below.

DAN America (US)

Physicians and other medical professionals associated with DAN America are available for consultation by phone, during normal business hours Monday through Friday, 8:00 AM to 8:00 PM Eastern Time US.
+1-919-684-2948 ext. 6222
www.DAN.org

DAN Europe (Italy)

+39-085-8930333
www.DANEurope.org

DAN Asia-Pacific (Australia)

+61-3-9886-9166
www.DANAP.org

DAN Southern Africa (South Africa)

+27-11-266-4900
www.DANSA.org

DAN Japan (Yokohama)

+045-228-3066 Medical Information Line service is provided in Japanese only.
www.dan-japan.gr.jp

These guidelines were created by the Diving Medical Screen Committee (DMSC). The DMSC periodically reviews them to ensure they continue to represent current best practice in hyperbaric medicine.



International Training

Junior Open Water Scuba Diver Upgrade Form

Upgrade Requirements and Processing Procedure:

1. Provide SDI Headquarters or Regional Office verification of initial certification: certification card or formal verification letter on agency letterhead.
2. Provide SDI Headquarters or Regional Office verification of diving activity in the last 12 months: logbook or personal dive computer download.
3. If recent diving activity cannot be produced, diver will be directed to their nearest SDI Dive Center or equivalent to complete the Inactive Diver/Refresher course with an active Instructor.
4. If you would like an updated picture on your certification card, please submit a photo.

Diver Information:

Full Name: _____ Date of Birth: _____
MM / DD / YY

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____

Email: _____

Logbook Verification Information:

Date of Last Dive: _____ - OR - Inactive Diver/Refresher Course (if applicable) Date: _____
MM / DD / YY MM / DD / YY

Instructor Name: _____

Instructor's Agency: _____ Instructor Number: _____

Parent or Guardian Approval (if under the age of 18):

Name: _____ Date: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Payment Information:

If we are only adjusting the certification level in th database, there is no processing fee required. If you would like a new certification card, please complete the payment section below.

Amex MasterCard Visa Check Money Order (please make checks payable to International Training)

Credit Card: _____ Exp Date: _____
MM / DD / YY

Signature: _____



Name: _____ Last/Family/Surname _____ First/Given _____ Initial _____ Birth Date: _____ Day / Month / Year _____

Address: _____

City: _____ State/Province: _____ Country: _____

Zip/Postal Code: _____

Home Phone: _____ Daytime Phone: _____

Email: _____ Referred by: _____

Occupation: _____

M F
 Single
 Married

Emergency Contact:



Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Work/Cell Phone: _____

Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Work/Cell Phone: _____



How did you hear about our scuba courses or our dive center?

Internet Radio Newspaper Friend/Family member Where? _____

Yellow Pages Other _____ When? _____

What additional SDI courses interest you?

- Advanced Diver
- Rescue Diver
- Master Scuba Diver
- Divemaster
- Assistant Instructor
- Instructor

Specialties:

- Advanced Adventure Diver
- Advanced Buoyancy
- Altitude Diver
- Boat Diver
- Computer Diver
- Computer Nitrox Diver
- Deep Diver
- Drift Diver
- DPV Diver
- Dry Suit Diver
- Equipment Specialist
- Full Face Mask Diver
- Ice Diver
- Marine Ecosystems Awareness
- Night/ Limited Visibility Diver
- Research Diver
- Search & Recovery Diver
- Shore/Beach Diver
- Solo Diver
- Underwater Hunter & Collector
- Underwater Navigation
- Full Face Mask Diver
- Underwater Photographer
- Underwater Video
- VIP
- Wreck Diver
- TDI
- ERDI



What dive destinations interest you?

Australia Bahamas Bermuda Canada Caribbean Florida

Hawaii Mexico Micronesia New Zealand Red Sea

US East Coast US West Coast Other _____



Diver Training Record

Course: _____

Certificate Date: _____ / _____ / _____
 Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____

Certificate Date: _____ / _____ / _____
 Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____

Certificate Date: _____ / _____ / _____
 Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____

Certificate Date: _____ / _____ / _____
 Day / Month / Year

Instructor Name _____ SDI Inst # _____

SDI Open Water Diver Record and Global Referral Form

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Country: _____ Phone: _____
 Fax: _____ E-mail: _____
 Sex: M F Age: _____ Birth Date: _____
Day / Month / Year

Academic Sessions

Knowledge Review Completed (dd/mm/yy)	Student Initials	Instructor Initials	Comments
Chapter 1	____/____	____/____	_____
Chapter 2	____/____	____/____	_____
Chapter 3	____/____	____/____	_____
Chapter 4	____/____	____/____	_____
Chapter 5	____/____	____/____	_____

-OR- This student completed the SDI eLearning course: _____
Day / Month / Year

Instructor 1 Confined Water Sessions

Date Completed (dd/mm/yy)	Student Initials	Instructor Initials	Comments
CW Session 1	____/____	____/____	_____
CW Session 2	____/____	____/____	_____
CW Session 3	____/____	____/____	_____
CW Session 4	____/____	____/____	_____
CW Session 5*	____/____	____/____	_____ (*Optional)
Swim Test 200 meters or 300 meters snorkel	____/____	____/____	_____
Float Test 10 Minute Survival Float	____/____	____/____	_____

Confined Water/ Academic Instructor Date: _____
 Instructor Name: _____
 Instr. # _____ Facility Name: _____
 Phone: _____ Fax or E-mail: _____
The student above has completed all the Academic and Confined Water requirements.

Signature: _____ Date: _____
Day / Month / Year

All requirements for certification as a SDI Open Water Scuba Diver have been met - If **BOTH INSTRUCTOR SIGNATURES ARE PRESENT ON THIS FORM** The student is considered a certified open water diver. This signed form is only **VALID FOR 30 DAYS** from the last OW dive that the evaluating instructor signed and dated. This is only a temporary open water certification card until the diver receives their permanent open water c-card.

STUDENT LETTER OF AGREEMENT: The student agrees that all of the academic, confined and open water requirements for this SDI diver course have been successfully fulfilled by the student. As indicated by the signature below, the student is mentally and physically prepared to engage in open water diving activities without the direct supervision of an instructor, provided the area and conditions approximate those in which the diver was trained. In addition, the student recognizes the need for additional training in order to dive under any other circumstances and after periods of diving inactivity.

STUDENT SIGNATURE: _____

DATE: _____
Day / Month / Year

Open Water / 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 skill and dives listed on this form.
- Sign this global referral form.
- Give this original referral form to the student, and retain a copy of this form for your records.

Skill Performance Record for the Global Referral:

Scuba System	Buoyancy Control
___ Assembly & Disassembly	___ Fin Pivot
___ Pre Dive Check	___ Hovering
___ Self & Buddy	___ Controlled Ascents
___ Underwater Communication	___ Controlled Descents
___ Computer Use	___ Weight System Adjustment
___ Reading & Understanding Gauges	___ Removal & Replacement
___ Regulator Use	___ Out of Air Emergencies
___ Clearing & Recovery	___ Alternate Air Source
___ Mask Clear	___ Share Air with Buddy while making a controlled ascent
___ Partial & Full	___ Tired Diver Tow
___ BCD	___ Rescue Techniques
___ Auto & Oral Inflation	___ Swimming Ascent
___ Entries	___ Cramp Relief
___ Demonstrate 2 types of entries	

Open Water/ Evaluating Instructor Date: _____
 Instructor Name: _____ Instr. # _____
 Training Agency: _____ Facility Name: _____
 Phone: _____ Fax or E-mail: _____
The student above has completed all the Skills and Open Water requirements.

Signature: _____ Date: _____
Day / Month / Year

Open Water Sessions

Date Completed (dd/mm/yy)	Student Initials	Instructor Initials	Comments
OW Session 1	____/____	____/____	_____
OW Session 2	____/____	____/____	_____
OW Session 3	____/____	____/____	_____
OW Session 4	____/____	____/____	_____
OW Session 5*	____/____	____/____	_____ (*Optional Dive)

Open Water/ Evaluating Instructor Date: _____
 Instructor Name: _____
 Instr. # _____ Facility Name: _____
 Training Agency: _____ Fax or E-mail: _____
 Phone: _____
The student above has completed all the Skills and Open Water requirements.

Signature: _____ Date: _____
Day / Month / Year

STUDENT LETTER OF AGREEMENT: The student agrees that all of the academic, confined and open water requirements for this SDI diver course have been successfully fulfilled by the student. As indicated by the signature below, the student is mentally and physically prepared to engage in open water diving activities without the direct supervision of an instructor, provided the area and conditions approximate those in which the diver was trained. In addition, the student recognizes the need for additional training in order to dive under any other circumstances and after periods of diving inactivity.

STUDENT SIGNATURE: _____

DATE: _____
Day / Month / Year



GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

For _____ (specify course) training program under sanction through SDI.
(Only ONE course can be listed on this form)

**Please read carefully. If any questions arise, ask your instructor before signing.
Fill in and initial each paragraph before signing at the bottom.**

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities

_____ Further, I understand that diving with compressed air, oxygen enriched air (nitrox) involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyper baric injuries can occur that require treatment in a recompression chamber. I further understand that the open water diving trips, which are necessary for training and certification, may be conducted at a site that is remote, either by time of distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

_____ I understand and agree that neither my instructor(s) _____ the facility through which I received my instruction, _____ International Training and Scuba Diving International, nor the officers, directors, shareholders, affiliated companies, employees, agents, or assigns of the above listed entities and/or individuals, nor the authors of any materials including texts and tables expressly used for training and certification (hereinafter referred to as "Released Parties") may be held liable or responsible in anyway for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party, including the Released Parties, whether passive or active.

_____ In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen.

_____ I further agree to save, defend, indemnify, and hold harmless said course and Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or fraudulent.

_____ I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving course, and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said course and Released Parties for any such injuries incurred by me.

_____ I understand that these activities may place me deeper than I am able to safely execute a free (without breathing gas) ascent from.

_____ I understand that I may be required to furnish my own equipment and that I am responsible for its operating condition and maintenance.

_____ I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

_____ I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, _____ (AND OTHERS, _____), THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION _____, THE TRAINING AGENCY _____ AND INTERNATIONAL TRAINING, AND SCUBA DIVING INTERNATIONAL, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Student/Participant Date Day / Month / Year Signature of Parent or Guardian
(where applicable)

Witness Date Day / Month / Year

Name _____
 (Print) _____
 Last / Family / Surname _____
 First / Given _____
 Initial _____

Daytime Phone _____

Cell Phone _____

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Participant Signature

If you answered **NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

 Participant Signature (or, if a minor, participant's parent/guardian signature required.)

 Participant Name (Print)

 Instructor Name (Print)

 Date (dd/mm/yyyy)

 Birthdate (dd/mm/yyyy)

 Facility Name (Print)

* If you answered **YES** to questions 3, 5 or 10 above **OR** to any of the questions in boxes A - G below, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1. I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go To Box A	No <input type="checkbox"/>
2. I am over 45 years of age.	Yes <input type="checkbox"/> Go To Box B	No <input type="checkbox"/>
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go To Box C	No <input type="checkbox"/>
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go To Box D	No <input type="checkbox"/>
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go To Box E	No <input type="checkbox"/>
8. I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go To Box F	No <input type="checkbox"/>
9. I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go To Box G	No <input type="checkbox"/>
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box E – I have/have had:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Box G – I have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>





International Training

DIVEMASTER TRAINING RECORD

Candidate Name: _____

Instructor: _____ Member #: _____

Assistant: _____ Member #: _____

Divemaster Program:

Inst Initials	Student Prerequisites for DM	Date
	Minimum age 18	
	Certified SDI Rescue Diver or equivalent	
	Provided proof of at least 40 logged dives	
	Certified SDI Advanced Adventure Diver or equivalent	
	Advanced certification includes experience in deep, navigation, night, and limited visibility	
	Provide proof of current CPR, first aid, and oxygen provider (where local law permits)	
Inst Initials	Administrative Requirements	Date
	Collect the course fees from all the students	
	Ensure that the students have the required equipment	
	Communicate the schedule to the students	
	Complete SDI Dive Leader Application	
	Complete the SDI Liability Release and Express Assumption of Risk Form	
	Collect the SDI Medical Statement Form signed by a licensed physician prior to starting the course	
Inst Initials	Required Subject Areas	Date
	SDI Standards and Procedures	
	History of SDI	
	Code of Ethics and Professionalism of an SDI Divemaster	
	Products and Procedures	
	How to Place an Order	
	Yearly Renewals	
	Liability and Insurance	
	Risk Management	
	Waivers and Releases	
	Filling Out an Accident Report	
	Knowledge Development	
	Equipment	
	Physics and Physiology of Diving	
	Medical Problems Related to Diving	
	Use of Dive Computers and Tables	
	Diving Environment	



International Training

DIVEMASTER TRAINING RECORD

	Dive Planning and Dive Management Control in Pool/Confined Water and Open Water	
	Problem Solving in Pool/Confined Water and Open Water	
	Underwater and Surface Communications	
	Diver Assistance	
	Avoiding Out of Air and Emergency Situations	
	Recommended Safe Diving Practices	
	Boat Diving Procedures	
	Shore/Beach Diving Procedures	
	Night Diving Procedures	
	Accident Management	
	Emergency Procedures	
	First Aid	
	Oxygen (O ₂) Administration	
	Cardio Pulmonary Resuscitation (CPR)	
	Leadership Development	
	Planning Group Dives	
	Divemaster Checklists and Logs	
Inst Initials	Confined Water Requirements	Date
	800M swim with mask, snorkel, and fins, non-stop without the use of arms (Time in DM Standards)	
	400M swim on the surface; non-stop, any stroke, without swimming aids (Time in DM Standards)	
	In water, transport another diver in full scuba equipment at a quick pace for 4 minutes	
	Demonstrate a complete rescue scenario satisfactorily	
	Perform underwater skills with and without a mask	
	Swim on the surface, in full scuba equipment, using the snorkel, 100M	
	Surface a simulated unconscious diver and tow the diver 100M (Time/Depth in DM Standards)	
	Confined Water Skills (List in DM Standards)	
Inst Initials	Open Water Requirements	Date
	Minimum of 10 open water dives conducted during DM training, minimum of 20 minutes each	
	Demonstrate, preparation, planning, group control, and problem solving for at least 3 OW diving activities as listed in DM standards	
	Demonstrate all skills from previous courses at divemaster quality (List in DM Standards)	
	Give a minimum of 5 briefs/debriefs	
	Practice and demonstrate, at DM quality the use of a surface marker buoy (SMB) delayed or permanent	
	Guide a minimum of 4 dives with varying sites and environmental conditions	
	Upon successful completion of dives, logbook completed and signed off by instructor	

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International Training

DIVEMASTER TRAINING RECORD

Inst Initials	Exit Requirements	Date
	SDI Divemaster written examination, or online version, score of 80 percent and 100 percent remediation	
	60 logged dives OR 50 logged dives and an accumulated underwater time of 25 hours	
	Show preparation, planning, and control in dive management and diving activities	
	Demonstrate to an active SDI Instructor the ability to solve in-water and out-of-water diver problems	
	Demonstrate mature and sound judgment concerning dive planning and execution	
	Operate as a Divemaster in a wide variety of environments	

Candidate Declaration:

I fully understand the standards and performance requirements for Divemaster candidates and the evaluation methods by which my grades were derived. I have 100% understanding of the information presented throughout the Divemaster course. Any questions from the academic presentations and examinations were remediated by the Instructor. As indicated by my signature below, I am mentally and physically prepared to work as a Divemaster.

Signature: _____ Date: _____

Instructor Declaration:

As indicated by my signature below, I certify that the above-named candidate has successfully completed all requirements of the Divemaster course as detailed in current SDI Standards and Procedures.

Signature: _____ Date: _____



International Training

ASSISTANT INSTRUCTOR TRAINING RECORD

Candidate Name: _____

Instructor: _____ Member #: _____

Assistant: _____ Member #: _____

Assistant Instructor Program

Inst Initials	Student Prerequisites for AI	Date
	Minimum age 18	
	Certified SDI Divemaster or equivalent	
	Provided proof of at least 60 logged dives or 50 logged dives and 25 hours underwater time	
	Possess minimum instructional equipment as defined in the standards	
	Provide proof of current CPR, first aid and oxygen provider (where local law permits)	
Inst Initials	Administrative Requirements	Date
	Collect the course fees from all the students	
	Ensure that the students have the required equipment	
	Communicate the schedule to the students	
	Complete SDI Dive Leader Application	
	Complete the SDI Liability Release and Express Assumption of Risk Form	
	Collect the SDI Medical Statement Form signed by a licensed physician prior to starting the course	
Inst Initials	Required Subject Areas	Date
	SDI Standards and Procedures	
	History of SDI	
	Products and Procedures	
	How to Place an Order	
	Yearly Renewals	
	SDI Requirements for SDI Assistant Instructor Certification	
	SDI Code of Ethics and Professional Responsibilities of an SDI Assistant Instructor	
	Liability and Insurance	
	Risk Management	
	Waivers and Releases	
	Filling Out an Accident Report	
	Course Planning	
	Preparation, Planning, and Control in Dive Management and Diving Activities	
	Pool/Confined Water and Open Water Procedures	
	Practical Experience in Assisting with the Training of Open Water Dives	
	Pool/Confined Water and Open Water Problem Solving	



International Training

ASSISTANT INSTRUCTOR TRAINING RECORD

	How to Conduct a Snorkeling Course	
	How to Conduct an Inactive Diver/Refresher Course	
	Emergency Procedures	
	First Aid	
	Oxygen (O2) Administration	
	Cardio Pulmonary Resuscitation (CPR)	
Grade	Limited Academic Presentation	Date
	Topic	
Grade	Limited Confined Water Presentation	Date
	Topic	
Grade	Limited Open Water Presentation	Date
	Topic	
Inst Initials	Required Skill Performance and Graduation Requirements	Date
	800M swim with mask, snorkel, and fins, non-stop without the use of arms (Time in AI Standards)	
	400M swim on the surface; non-stop, any stroke, without swimming aids (Time in AI Standards)	
	Surface a simulated unconscious diver and tow the diver 100M (Time/Depth in AI Standards)	
	Demonstrate all open water diver skills to instructor quality	
	Assist with one complete SDI Open Water Scuba Diver Course	
	Assist with four complete SDI Specialty Courses	
	Assist with one complete SDI Rescue Course	
	Perform one presentation in each of the courses assisted under direct supervision of the instructor	
	Demonstrate to an active SDI Instructor the ability to assist in all required courses	
	Demonstrate mature and sound judgment concerning dive planning and execution	
	Provide proof of 60 logged dives	
	Complete the SDI Assistant Instructor written examination, or online version, score of 80 percent and 100 percent remediation	

Candidate Declaration:

I fully understand the standards and performance requirements for Assistant Instructor candidates and the evaluation methods by which my grades were derived. I have 100% understanding of the information presented throughout the Assistant Instructor course. Any questions from the academic presentations and examinations were remediated by the Instructor. As indicated by my signature below, I am mentally and physically prepared to work as an SDI Assistant Instructor.

Signature: _____ Date: _____

Instructor Declaration:

As indicated by my signature below, I certify that the above-named candidate has successfully completed all requirements of the Assistant Instructor course as detailed in current SDI Standards and Procedures

Signature: _____ Date: _____



International Training

INSTRUCTOR DEVELOPMENT COURSE (IDC) INSTRUCTOR EVALUATION COURSE (IEC)

Candidate Name: _____ Member #: _____

Course Director / IT: _____ Member #: _____

Instructor Trainer: _____ Member #: _____

Instructor Development Course:

IT Initials	Instructor Candidate Prerequisites	Date
	Minimum Age 18	
	Certified diver for a minimum of 6 months	
	Provide proof of 100 logged dives completed in multiple environments with varying depths	
	Be certified as an SDI Divemaster, SDI Assistant Instructor, or equivalent	
	Provide proof of current CPR, first aid, and oxygen provider (where local laws permit)	
IT Initials	Administrative Requirements	Date
	Collect the course fees from all the students	
	Ensure that the students have the required equipment	
	Communicate the schedule to the students	
	Complete the SDI Dive Leader Application	
	Complete the SDI Liability Release and Express Assumption of Risk Form	
	Complete the SDI Medical Statement Form signed by a licensed physician prior to starting the course	
IT Initials	Required Subject Areas (IDC)	Date
	SDI Standards and Procedures	
	History of SDI	
	Products and Procedures	
	Website Overview	
	How to Place an Order	
	Registration Procedures	
	Yearly Renewals	
	Liability and Insurance	
	Risk Management	
	Waivers and Releases	
	Folders, Slates, and Other Paperwork	
	Filling Out an Accident/Incident Report	
	Methods of Instruction	
	Teaching Theory, Methods, and Oral Communications	
	Flexible Teaching and Standards	
	Lesson Preparation in Classroom, Confined Water, and Open Water	

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International Training

INSTRUCTOR DEVELOPMENT COURSE (IDC) INSTRUCTOR EVALUATION COURSE (IEC)

Candidate Declaration:

I fully understand the standards and performance requirements for instructor candidates and the evaluation methods by which my grades were derived. I have 100% understanding of the information presented throughout the Instructor Development Course (IDC). Any questions from the academic presentations and examinations were remediated by the Course Director or Instructor Trainer. As indicated by my signature below, I am mentally and physically prepared to participate in the Instructor Evaluation Course (IEC).

Signature: _____ Date: _____

Course Director / Instructor Trainer Declaration:

As indicated by my signature below, I certify that the above named candidate has successfully completed all requirements of the Instructor Development Course (IDC) as detailed in current SDI Standards and Procedures.

Signature: _____ Date: _____

Instructor Evaluation Course:

Grade	Academic Presentation (IEC) – Minimum 15 minutes in duration	Date
	Topic:	
Grade	Complete Confined Water Presentation (IEC)	Date
	Topic(s):	
Grade	Complete Open Water Presentation (IEC)	Date
	Topic(s):	

Candidate Declaration:

As indicated by my signature below, I fully understand the standards and performance requirements for the Instructor Evaluation Course (IEC) and the evaluation methods by which my grades were derived. I have 100% understanding of the information presented throughout the IEC. Any questions from the presentations and examinations were remediated by the Instructor Trainer.

Signature: _____ Date: _____

Instructor Trainer Declaration:

As indicated by my signature below, I certify that the above named candidate has successfully completed all requirements of and the Instructor Evaluation Course (IEC) as detailed in current SDI Standards and Procedures.

Signature: _____ Date: _____



International Training

INSTRUCTOR DEVELOPMENT COURSE (IDC) INSTRUCTOR EVALUATION COURSE (IEC)

	Use of Training Aids	
	Use of Assistants	
	SDI Home Study Program and Use of Knowledge Quest	
	eLearning and Blended Learning	
	Courses an Open Water Scuba Diver Instructor Can Teach	
	Successfully Selling Scuba	
	Budgeting Courses	
	Recruiting Students	
	Organizing and Scheduling a Course	
	Retail Sales	
	Instructor Ethics	
	Physics and Physiology of Diving	
Grade	Academic Presentations (IDC)	Date
	Topic:	
	Topic:	
Grade	Confined Water Presentations (IDC)	Date
	Topic:	
	Topic:	
Grade	Open Water Presentations (IDC)	Date
	Topic:	
	Topic:	
IT Initials	Required Skill Performance and Graduation Requirements (IDC)	Date
	Show preparation, planning, and control in dive management and diving activities	
	Perform to demonstration quality one complete rescue scenario	
	Perform a 10-minute survival float without the use of swim aids	
	400M swim on the surface; non-stop, any stroke, without swimming aids (Time in OWSDI Standards)	
	800M swim with mask, fins, and snorkel, non-stop, without the use of arms (Time in OWSDI Standards)	
	Surface a simulated unconscious diver and tow the diver 100M (Time/Depth in OWSDI Standards)	
	Pool / Confined Water: Perform to demonstration quality all the skills listed in the SDI Open Water Scuba Diver course	
	Pool/Confined Water: Problem solving	
	Open Water: Perform to demonstration quality all the skills listed in the SDI Open Water Scuba Diver course	
	Open Water: Problem solving	
	Demonstration mature and sound judgement concerning class planning and execution	
	Satisfactorily complete the SDI Instructor written exam or the online equivalent	

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International Training

UNIQUE SPECIALTY/OPS COURSE APPLICATION AND GUIDELINES

Method of Payment

AMEX MasterCard Visa Check Money Order Make Checks Payable to International Training

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

Instructor Name: _____ Member #: _____

Mailing Address: _____

Phone number: _____ E-mail address: _____

Request for a Unique Specialty Instructor Upgrade:

Instructors may apply for approval of their own unique specialty or ops course by submitting a draft out-line to the SDI/TDI/ERDI Headquarters Training Department or their Regional Representative. The following criteria applies:

Instructor Requirements:

- Be in active teaching status with the agency the specialty is being created for – i.e.; SDI, TDI or ERDI
- Provide a detailed resume of experience and proof of a minimum 25 dives in the unique specialty activity being applied for
- Submit a draft outline, using the format in the attached guideline, for approval by headquarters
- Provide reasons why the unique outline should be accepted – i.e.; geographical, cultural, market opportunity, etc.
- Complete the Course Details section below.
- Pay application fee – contact RO or WorldHQ for current pricing and payment information

Course Details:

Course Name: _____

Course Agency: _____

Reason(s) for creating unique specialty/ops course: _____

Instructor Signature: _____ Date: _____

Draft outlines should be submitted in 'electronic' format, using Microsoft Word®. E-mail to training@tdisdi.com or mail to International Training (attn Training Dept), 1321 SE Decker Ave., Stuart, FL 34994. Members outside of the Americas should submit outlines to their Regional Representative



International Training

UNIQUE SPECIALTY/OPS COURSE APPLICATION AND GUIDELINES

Draft outlines are subject to a review process as follows:

1. Receipt, review, and edit by Training Department staff
2. Return to originator for correction, extra information, etc.
3. Final review and approval or rejection by Training Department as applicable

The approval process for a unique outline may take several weeks, depending on Training Department commitments and/or the amount of reviews/edits required for the particular submission. Approval is not guaranteed at any point during the review process. Any outline approved for use becomes property of, and copyrighted by International Training and may be used by other instructors on the authority of the Training Department.

The following guide should be used to create the draft outline. Grey boxes denote required elements, all of which must be included. Text shown in italics is included as a guide and may be deleted from the draft by the author. (*An 'electronic' version of the guide is available in the members' area of www.tdisdi.com, in which grey boxes denoting required elements may be completed.*)



International Training

UNIQUE SPECIALTY/OPS COURSE APPLICATION AND GUIDELINES

NAME of SPECIALTY (specify SDI, TDI or ERDI)

Introduction

Include an overview of the specialty and the intended purpose

Who May Teach

An active Instructor that has been certified to teach this specialty (insert SDI, TDI or ERDI as applicable)

Student to Instructor Ratio

Academic

1. Unlimited, so long as adequate facility, supplies, and time are provided to ensure comprehensive and complete training of the subject matter

Confined Water (swimming pool-like conditions)

1. A maximum of students per instructor
2. Instructors have the option of adding more students with the assistance of an active assistant instructor or Divemaster*
3. The total number of students an instructor may have in the water is with the assistance of active assistant instructors or Divemasters*

Open Water (ocean, lake, quarry, spring, river, or estuary)

1. A maximum of students per instructor; it is the instructor's discretion to reduce this number as conditions dictate
2. The instructor has the option of adding more students with the assistance of an active assistant *
3. The total number of students an instructor may have in the water is with the assistance of active assistants * An active assistant is defined as: *
4. *Delete if not applicable

Student Prerequisites

1. Detail the minimum certification required to enroll
2. Detail the minimum age required to enroll (including age with parental consent if applicable)
3. Detail the minimum number of logged dives required to enroll

Course Structure and Duration

1. Confined or open water execution dives are required with complete brief and debrief by the instructor
2. Detail the minimum number of classroom hours if applicable
3. Detail any restrictions on the dives, ie max depth, etc if applicable



International Training

UNIQUE SPECIALTY/OPS COURSE APPLICATION AND GUIDELINES

Administrative Requirements

Administrative Tasks:

1. Collect the course fees from all the students
2. Ensure that the students have the required equipment
3. Communicate the schedule to the students
4. Have the students complete the applicable:
 - A. Liability Release and Express Assumption of Risk Form
 - B. Medical Statement Form

Upon successful completion of this specialty the instructor must:

Issue the appropriate certification by submitting the Diver Registration Form to International Training Head- quarters, the appropriate regional office or registering the students online through member's area of www.tdisdi.com (insert SDI, TDI or ERDI as applicable)

Required Equipment and Materials

Detail the minimum equipment requirements and materials for the course

Approved Outline

Instructors may use any additional text or materials that they feel help present these topics. The following topics must be covered:

Detail all main subject areas to be covered, including sub-topics as applicable

Required Skill Performance and Graduation Requirements

Students are required to successfully complete the following:

Detail each required dive, by Number – ie Dive 1, Dive 2, etc and list all required skills. FOR

EXAMPLE: Open Water Dive 1

- A. Test and check all equipment, i.e. depth gauges, bottom timers/watches and computers
- B. Familiarization with area
- C. Descend to planned depth and do not exceed any pre-planned limits
- D. Dive according to plan at a depth limited to 30 metres / 100 feet for first dive.
- E. Ascend to safety stop

Detail any academic requirements for graduation



International Training

MEMBER AGREEMENT

Directions: Use this application to complete your International Training membership.

This form is to be filled out by any first-time member of International Training. International Training is the parent company of: Scuba Diving International (SDI), Technical Diving International (TDI), Emergency Response Diving International (ERDI), Performance Freediving International (PFI) and First Response Training International.

Member Information: *(Please print clearly)*

Name: _____ Date of Birth _____ DD / MM / YY
Physical Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
Physical Address: _____
Phone: _____ Work: _____
Mobile: _____ E-Mail: _____

Facility Affiliation: *(If applicable)*

Facility Name: _____ Facility #: _____ *(if applicable)*
Owner(s): _____

QUESTIONS:

1. Have you ever been convicted of, any act: (i) involving (A) a felony or (B) repeated use of drugs or intoxicants; or (ii) acts which may disparages the business integrity of International Training, its parent Corporation or subsidiaries or affiliates or their officer directors, employees or customers, and materially and adversely affects the business reputation of International Training?

Yes No

2. Have you ever been or are you currently a professional member of another scuba or freediving agency, federation or club?

Yes No

If Yes, name of scuba or freediving agency, federation or club _____ member number _____

3. Do you agree to have your personal information transmitted electronically?

Yes No

Please remember to completely fill out and sign the additional pages of this application.

*International Training's online privacy policy statement can be found at www.tdisdi.com, GDPR compliant



International Training

MEMBER AGREEMENT

Membership Requirements: (Please read all requirements and sign below.)

- Maintain a current mailing address with International Training Headquarters.
- Pay applicable dues and any debts owed to International Training.
- Submit an International Training renewal application prior to teaching or supervising diving activities.
- Maintain good health and fitness. Should health changes occur, members must refrain from teaching and supervising diving until they meet UHMS medical questionnaire requirements for diving.
- Make at least 30 open water scuba dives and complete at least one of the following:
 - Participate in an International Training course as a candidate, auditor, staff member, or lecturer.
 - Teach or take a course in diving, lifesaving, swimming, first aid, boating, speaking, teaching or a science related to the aquatic environment.
 - Be professionally employed in aquatics, diving, teaching, or boating.
 - Complete a post-graduate thesis in a teaching or diving subject.
 - Author a formal paper related to diving which is published by International Training, an academic journal or national periodical.
- Complete at least one of the following teaching options:
 - Teach an International Training course and register the students as International Training divers or professionals.
 - Serve on staff and lecture at a complete International Training, training program (must be listed on registration form).
 - Serve as an assistant for two complete International Training diving courses (must be listed on registration form).
- Reminder:

Instructors, Course Directors, and Instructor Trainers must teach a course at their highest level every two (2) years from the date they last taught that course. If a course is not taught within that two-year period, teaching status for that level will be inactive and the Instructor, Course Director or Instructor Trainer must attend an update to regain active status for that level. Full details of the International Training Two Year Renewal/Refresher Policy are contained in General Membership Standards.

Membership Agreement: (Please read the membership agreement and sign below.)

International Training Membership Agreement: (Please read the membership agreement and sign below.) This agreement is made and entered into by and between International Training and its appointed regional representatives, hereinafter referred to as "International Training" and the membership applicant named above, hereinafter referred to as "I." I hereby declare I have read and I understand and accept the terms of the International Training Membership Agreement, Renewal Requirements and Conditions listed in this membership renewal application, which includes financial responsibility and professional and ethical policies. The information I have provided is accurate to the best of my knowledge and belief.

- I understand that I am not an agent, employee, or legal representative of International Training.
 - I understand that my membership with International Training is not to be construed as a partnership, joint venture nor does it establish an agency relationship between me and the Association or its subsidiaries.
 - I agree to save and hold harmless International Training, its officers and directors and assigns for any loss, claim or damage resulting from action, error or omission of me, or my agent, students or assigns.
 - I agree that if I become aware of any event, act, error or omission that might reasonably be expected to be the basis of a claim or suit against me, or any International Training Instructor/Leader, agent or affiliate, or International Training itself, written notice shall be given to International Training as soon as practical and I will cooperate to the best of my ability with International Training or their legal representative.
 - I agree I will use International Trainings registered trademarks, in all forms, in an ethical and professional manner.
- Suspension or Termination For Cause - International Training may suspend or terminate membership for Member's commission of any act: (i) involving (A) a felony or (B) repeated use of drugs or intoxicants; or (ii) which disparages the business integrity of International Training, its parent Corporation or subsidiaries or affiliates or their officer directors, employees or customers, and materially and adversely affects the business reputation of International Training.

Medical Requirements (Please read all the medical requirements and sign below.)

The International Training Code of Ethics and Conduct, found in Part 1 of standards, states:

"The Professional always maintains their personal, physical, and mental fitness as they relate to diving."

As this is part of the membership requirements each professional agrees to abide by each year when they submit the signed renewal application (including online renewals) International Training requires its professional members to refrain from diving or teaching diving without a medical clearance if a member experiences a change in their personal, physical, or mental fitness as they relate to diving. Submitted medicals will be documented.

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International Training

MEMBER AGREEMENT

Conditions: (Please read all the conditions and sign below.)

This Member Agreement does not constitute an offer for membership. Membership is accepted only upon approval of the application by International Training's Training Department. International Training certification cards issued by International Training Headquarters are the property of International Training and must be surrendered upon request by the Training Department or their representatives. An International Training member who does not submit their annual dues, or otherwise loses active International Training membership, must meet additional renewal requirements as outlined in agency standards before renewal will be considered.. International Training may withdraw the permission to use the International Training trademarks at any time. All International Training members are subject to quality assurance reviews for compliance with course standards and safety procedures. Membership may be suspended or revoked at any time by the Training Department if warranted. International Training may withdraw the permission to use the International Training trademarks at any time. International Training reserves the right to refuse any membership renewal.

I verify that I have read and understand the International Training Membership Agreement, which includes professional growth and copyright/trademark policies. I hereby agree to be bound by the International Training Code of Ethics and the Course Standards and Policies. The information I have provided is accurate to the best of my knowledge and belief.

X Signature _____ Date _____