



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



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→ EVALUATING OPEN WATER INSTRUCTOR ←

Dear evaluating instructor,

The SDI referral program is designed to allow ANY active instructor to evaluate the Open Water skills and performance of a referring student. An active instructor refers to any instructor that is affiliated with an international recognized dive training agency.

We appreciate your assistance with my student referral. Please review the list of required student skills, dives and instructor pre-requisites before the start of the open water evaluating process.

Evaluating Instructor must:

- _____ Be an active instructor with an internationally recognized training agency
- _____ Review students' medical history form
- _____ Have referring student sign your facility's waiver and release form
- _____ Evaluate 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.



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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 ←