



Universal Referral Form

THIS FORM IS VALID FOR 30 DAYS FROM THE DATE THE INITIATING INSTRUCTOR SIGNS THE FORM.

STUDENT INFORMATION:

Name: _____ Address: _____ Email: _____
 City: _____ St/Prov: _____ Zip/Postal Code: _____
 Phone: (____) _____ Date of Birth: ____/____/____ Height: _____ Weight: ____ Male Female
 In Case of Emergency Contact: _____ Phone #s: W (____) _____ H (____) _____

PART 1 — INITIATING INSTRUCTOR

"This is to certify that I am an active Instructor and that this student has satisfactorily completed all required classroom and pool/confined water training and passed their exam, and, in my opinion, is comfortable and ready for open water training."

Date Training Completed: ____/____/____ Exam Score: _____
 Initiating Instructor Name: _____ Number: _____
 Dealer Name: _____
 Address: _____
 City: _____ St/Prov: _____ Zip/Postal Code: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____
 Initiating Instructor Signature: _____ Date: ____/____/____

DIRECTIONS

- Student must complete classroom and pool training and the written exam.
- Medical History:**
 - Include a copy of the student's *Medical History* form in the Universal Referral Packet.
 - If student's condition required a *physician's approval*, enclose a copy in the Packet.

PART 2 — REFERRAL INSTRUCTOR

DIRECTIONS

- Review Medical History form.** Enclosed in the Universal Referral Packet.
- Sign a Waiver and Release of Liability form.** Use the form that is provided by your facility.
- On each training dive:
 - Conduct Required Skills.** See the Universal Referral Program manual and the Skills Information sheet.
 - Log The Dive in the Student's Dive Log.**
 - Complete the Open Water Training Record.** Record the date of the dive (see below).
- After all training dives have been completed successfully:
 - Sign This Form.** See below.
 - Put Original In Student's Universal Referral Packet.**
 - Keep Yellow Copy For Your Records.**
 - Issue a Universal Referral Temporary Card.**

OPEN WATER TRAINING RECORD

	DIVE #1	DIVE #2	DIVE #3	DIVE #4	DIVE #5
DATE					
STUDENT					
INSTRUCTOR					

- PASS:** *"I verify that this student has performed the required skills satisfactorily in the open water."*
- NOT PASS:** _____

REFERRAL INSTRUCTOR NAME (PLEASE PRINT)

REFERRAL NUMBER

AGENCY

REFERRAL INSTRUCTOR SIGNATURE

This form was developed for conducting referral training in accordance with the Universal Referral Program, as adopted by:

