



# Universal Referral Form

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

## STUDENT INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 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:

