

Oakville Divers Ltd

Rescue Diver Course Training Documentation and Referral Form



Student Name _____ Birth Date (D/M/Y) ____/____/____
 Student Mailing Address _____
 City _____ State/Province _____
 Country _____ Zip/Postal Code _____
 Phone (____) _____ Business Phone (____) _____
 Fax (____) _____ email _____

I. Knowledge Development Presentations

	Date Completed	Initials Student / Instructor	PADI No.
Presentation One	____/____/____	____/____	_____
Presentation Two	____/____/____	____/____	_____
Presentation Three	____/____/____	____/____	_____
Presentation Four	____/____/____	____/____	_____
Presentation Five	____/____/____	____/____	_____

II. Rescue Training Exercise Sessions – Indicate location of Training Exercises

	Pool	Open Water	Date	Initials	PADI No.
1 Self Rescue Review					
Exercise 1 – Tired Diver	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	____/____	_____
Exercise 2 – Panicked Diver	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	____/____	_____
2 Exercise 3 – Response from Shore, Boat	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	____/____	_____
3 Exercise 4 – Distressed Diver Underwater	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	____/____	_____
Exercise 5 – Missing Diver	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	____/____	_____
4 Exercise 6 – Surfacing the Unresponsive Diver	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	____/____	_____
Exercise 7 – Unconscious Diver at the Surface	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	____/____	_____
5 Exercise 8 – Exiting the Unresponsive Diver	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	____/____	_____
Exercise 9 – First Aid for Pressure-related Injuries and Oxygen Administration	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	____/____	_____
Exercise 10 – Response from Shore/Boat Unresponsive Diver	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	____/____	_____

III. Open Water Rescue Scenarios

Open Water Rescue Scenario One	____/____/____	____/____	_____
Open Water Rescue Scenario Two	____/____/____	____/____	_____
Open Water Rescue Scenario Three	____/____/____	____/____	_____
Open Water Rescue Scenario Four	____/____/____	____/____	_____

Final Examination

____/____/____ ____/____ _____

Emergency First Response Primary Care (CPR) and Secondary Care (First Aid)

PADI Member Name _____ Signature _____
 PADI No. _____ Dive Center/Resort No. _____ Date (D/M/Y) ____/____/____
 Phone (____) _____ Fax (____) _____ Email _____

PADI Instructors Involved in Training

PADI Instructor Name _____ Signature _____
 PADI No. _____ Dive Center/Resort No. _____ Date (D/M/Y) ____/____/____
 Phone (____) _____ Fax (____) _____ Email _____

PADI Instructor Name _____ Signature _____
 PADI No. _____ Dive Center/Resort No. _____ Date (D/M/Y) ____/____/____
 Phone (____) _____ Fax (____) _____ Email _____