



# Universal Referral Packet

This packet contains everything necessary to complete open water training dives by referral.

## Referral Student Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Referral Location Information:

Name of Location: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Referral Instructor: \_\_\_\_\_

Agency/Number: \_\_\_\_\_ Dates of Referral: \_\_\_\_\_

### Important Notes About Referrals

--For Referral Students--

#### Your Responsibilities:

- Make sure you are comfortable and ready for open water training.
- Do not lose your Universal Referral Packet, particularly the Universal Referral Form. Your Initiating Instructor will need this to issue your certification card.

#### Who Will Order Your Certification Card:

Your initiating instructor (the instructor at home) will order your permanent certification card when you get home. If the Referral Instructor tries to order you a permanent card, *this is a mistake*. Contact your Initiating Instructor for assistance.

#### How to Verify Instructor Credentials:

If you would like to verify that the Referral Instructor is active and authorized to conduct the Universal Referral Program, ask your Initiating Instructor or the Referral Instructor's agency for assistance.



# Universal Referral Form

This form was developed for conducting referral training in accordance with NAUI Standards and Policies.

## Student Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Number: \_\_\_\_\_

Dive Center Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Initiating Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**--Directions--**

1. Student must complete classroom and pool training and the written exam.
2. Medical History:
  - a. Include a copy of the student's Medical History form.
  - b. If student's condition required a physician's approval, include a copy.

### Part 2- Referral Instructor

**--Directions--**

1. Review Medical History form.
2. Sign a Waiver and Release of Liability form. Use the form provided by your facility.
3. On each training dive:
  - a. Conduct required skills.
  - b. Log the dive in the student's dive log.
  - c. Complete the open water training record. Record the date of the dive (see below).
4. After all training dives have been completed successfully:
  - a. Sign this form.
  - b. Put original in student's packet.
  - c. Keep a copy for your records.
  - d. Issue a temporary card.

Open Water Training Record		Dive #1	Dive #2	Dive #3	Dive #4	Dive #5 (Optional)
Date						
Student						
Instructor						

Pass: "I verify that this student has performed the required skills satisfactorily in the open water."

Not Pass: \_\_\_\_\_  
*(List skills not satisfactorily performed.)*

Referral Instructor Name: \_\_\_\_\_ Agency/Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MEDICAL EVALUATION AND PHYSICIAN APPROVAL FORM

Please print or type

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

**To the Instructor:** If any condition listed on the medical history form in the student record folder is checked by the student, you are required to individually interview the student. If, as a result of the interview, you are unsure whether or not the condition is a contraindication to diver training send the student to a physician for a medical exam. In the event that referral to a physician is necessary, provide the student with this NAUI Medical Form and transfer the student's medical history and any notes to the copy to take with them to the physician.

**To the Physician:** This person is an applicant for training in diving with self-contained underwater breathing apparatus (SCUBA). This is an activity which puts unusual stress on the individual in several ways. A list of contraindications is on the reverse of this form for your reference.

The student applicant's medical history below was provided during the enrollment process.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Behavioral health problems  | <input type="checkbox"/> Bronchitis            | <input type="checkbox"/> Contact lenses                                 |
| <input type="checkbox"/> Claustrophobia              | <input type="checkbox"/> Tuberculosis          | <input type="checkbox"/> Dental plates                                  |
| <input type="checkbox"/> Agoraphobia                 | <input type="checkbox"/> Respiratory problems  | <input type="checkbox"/> Physical disability                            |
| <input type="checkbox"/> Migraine headaches          | <input type="checkbox"/> Back Problems         | <input type="checkbox"/> Serious injury                                 |
| <input type="checkbox"/> Epilepsy                    | <input type="checkbox"/> Back/spinal surgery   | <input type="checkbox"/> Over 40 years old                              |
| <input type="checkbox"/> Ear or hearing problems     | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Hepatitis                                      |
| <input type="checkbox"/> Trouble equalizing pressure | <input type="checkbox"/> Ulcers                | <input type="checkbox"/> Regular medication                             |
| <input type="checkbox"/> Sinus trouble               | <input type="checkbox"/> Colostomy             | <input type="checkbox"/> Drug allergies                                 |
| <input type="checkbox"/> Severe hayfever             | <input type="checkbox"/> Hernia                | <input type="checkbox"/> Alcohol or drug abuse                          |
| <input type="checkbox"/> Heart trouble               | <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Rejected from any activity for medical reasons |
| <input type="checkbox"/> High blood pressure         | <input type="checkbox"/> Recent surgery        | <input type="checkbox"/> Any medical condition not listed:              |
| <input type="checkbox"/> Angina                      | <input type="checkbox"/> Hospitalized          | _____   |
| <input type="checkbox"/> Heart surgery               | <input type="checkbox"/> Pregnant              | _____   |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Motion Sickness       |   |

**Notes :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE STUDENT APPLICANT**

Please note that the medical examination form presents a choice under IMPRESSION. We can only accept unconditional approval as stated for student applicants desiring to begin or continue training. If you conclude that diving is not in the individual's best interest or that their medical condition is likely to present a probable direct threat to others, please discuss your opinion with the person and check disapproval.

IMPRESSION:

- APPROVAL (I find no medical conditions I consider incompatible with diving.)
- DISAPPROVAL ( This applicant has medical conditions which in my opinion clearly would constitute unacceptable hazards to health and safety in diving.)

Date \_\_\_\_\_ Signature \_\_\_\_\_, MD.

Physician's Name (print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_



## CONTRAINDICATIONS TO DIVING

This list of relative and absolute contraindications is not all inclusive. Contraindications that are absolute permanently place the diver and his diving partners at increased risk for injury or death. Relative contraindications to scuba may be resolved with time and proper medical intervention or may be intermittent. A bibliography is included to aid in clarifying issues that arise. The Divers Alert Network (DAN) physicians are available for consultation by phone (919) 684-2948 during normal business hours. For diving related emergencies call, DAN at (919) 684-9111 24 hours, 7 days a week.

### OTOLARYNGOLOGICAL

#### Relative Contraindications:

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

#### Absolute Contraindications:

- History of...
  - stapedectomy
  - ossicular chain surgery
  - inner ear surgery
  - round window rupture
  - vestibular decompression sickness
- Monomeric TM
- Open TM perforation
- Tube myringotomy
- 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

### NEUROLOGICAL

#### Relative Contraindications:

- History of...
  - head injury with sequelae other than seizure
  - spinal cord or brain injury without residual neurologic deficit
  - cerebral gas embolism without residual, pulmonary air trapping has been excluded
- Migraine headaches whose symptoms or severity impair motor or cognitive function
- Herniated nucleus pulposus
- Peripheral neuropathy
- Trigeminal neuralgia
- Cerebral palsy in the absence of seizure activity

#### Absolute Contraindications:

- History of...
  - seizures other than childhood febrile seizures
  - TIA or CVA
  - spinal cord injury, disease or surgery with residual sequelae
  - Type II (serious and/or central nervous system) decompression sickness with permanent neurologic deficit
- Intracranial tumor or aneurysm

### CARDIOVASCULAR

#### Relative Contraindications:

- The suggested minimum criteria for stress testing is 13 METS.
- History of...
    - CABG or PCTA for CAD
    - myocardial infarction
    - dysrhythmia requiring medication for suppression
  - Hypertension
  - Valvular regurgitation
  - Asymptomatic mitral valve prolapse
  - Pacemakers-Note: Pacemakers must be depth certified by the manufacturer to at least 130 feet (40 meters) of sea water.

#### Absolute Contraindications:

- Asymmetric septal hypertrophy and valvular stenosis
- Congestive heart failure

### PULMONARY

Asthma (reactive airway disease), COPD cystic or cavitating lung diseases all may lead to air trapping.

#### Relative Contraindications:

- History of...
  - prior asthma or reactive airway disease (RAD)\*
  - exercise/cold induced bronchospasm (EIB)
  - solid, cystic or cavitating lesion
- Pneumothorax secondary to: thoracic surgery \*, trauma or pleural penetration\*, previous over inflation injury\*
- Restrictive Disease\*\*  
(\*Air Trapping must be excluded)  
(\*\*Exercise Testing necessary)

#### Absolute Contraindications:

- History of spontaneous pneumothorax
- Active RAD (asthma), EIB, COPD or history of the same with abnormal PFS or positive challenge
- Restrictive diseases with exercise impairment

### GASTROINTESTINAL

#### Relative Contraindications:

- Peptic ulcer disease
- Inflammatory bowel disease
- Malabsorption states
- Functional bowel disorders
- Post gastrectomy dumping syndrome
- Paraesophageal or hiatal hernia

#### Absolute Contraindications:

- High grade gastric outlet obstruction
- Chronic or recurrent small bowel obstruction
- Entero-cutaneous fistulae that do not drain freely
- Esophageal diverticula
- Severe gastroesophageal reflux
- Achalasia
- Unrepaired hernias of the abdominal wall potentially containing bowel

### METABOLIC AND ENDOCRINOLOGICAL

#### Relative Contraindications:

- Hormonal excess or deficiency
- Obesity
- Renal insufficiency

#### Absolute Contraindications:

- Diabetics on Insulin therapy or oral anti-hypoglycemia medication

### PREGNANCY

#### Absolute Contraindications:

Venous gas emboli formed during decompression may result in fetal malformations. Diving is absolutely contraindicated during any state of pregnancy.

### HEMATOLOGICAL

#### Relative Contraindications:

- Sickle cell trait
- Acute anemia

#### Absolute Contraindications:

- Sickle cell disease
- Polycythemia
- Leukemia

### ORTHOPEDIC

#### Relative Contraindications:

Chronic Back Pain  
Amputation  
Scoliosis - assess impact on pulmonary function  
Aseptic osteonecrosis

### BEHAVIORAL HEALTH

#### Relative Contraindications:

- History of
  - drug or alcohol abuse
  - previous psychotic episodes
- Developmental delay

#### Absolute Contraindications:

- History of panic disorder
- Inappropriate motivation for scuba training
- Claustrophobia and agoraphobia
- Active psychosis or while receiving psychotropic medications
- Drug or alcohol abuse

### BIBLIOGRAPHY

*The Physiology and Medicine of Diving*, 4th edition, 1993; *Diving and Subaquatic Medicine*, 3rd edition 1994; *Diving Physiology in Plain English*, 2nd edition, 1997

## Open Water Skills Information Sheet

The following **are required skills in addition** to those listed in “Open Water Training Procedures” of the Universal Referral Program Manual. It is appropriate to interview the referral student regarding confined water skills practice in preparation for open water training.

**Snorkel Dive.** (Minimum 5 surface dives at least 10 fsw /3 msw.) This is an option in addition to the four required dives for certification. Also, the instructor may choose to conduct a fifth scuba dive.

- Bring another diver simulating unconsciousness to the surface from about 10 feet (3 m) of water.

The following skill description is consistent with industry agreements regarding the conduct of out-of-air emergencies.

### **Emergency Swimming Ascent:**

All equipment is to be in place and the regulator is to be in the mouth. Gentle exhalation is to be performed for the entire ascent. The ascent rate shall be between 20 and 40 feet (6 and 12 m) per minute. The exercise shall be performed from depth to the surface and from a depth of at least 15 feet (4.6 m) when in open water. The ascent is to be performed only with an active-status instructor directly supervising the ascent in a manner to be able to immediately halt the ascent. An ascent line with an anchor is to be used so that the ascent may be halted and for student control and safety.

## Student Diver Preparation

Below is a list of the academic subject areas and confined water skills that this student has completed in preparation for open water training.

### **Academics:**

- Applied Sciences
- Diving Equipment
- Diving Safety
- Diving Environment
- Continuing Education
- Final Written Exam

### **Water Skills:**

#### **No equipment**

- Demonstrate novice level swim stroke proficiency of at least 15 continuous stroke cycles.
- 10 minute survival swim.
- 15 m (50 ft) underwater swim, 1 breath.

#### **Skin Diving Skills:**

- 412 m (450 yds) snorkel swim, non-stop.
- Recover diver from about 3 m (10 ft).
- Perform: entries and exits, surface dives, surface swimming, clearing the snorkel, ditching the weight belt, buoyancy control, underwater swimming, and surfacing.

#### **Scuba Diving Skills, Pre-Dive Skills:**

- Select, check, assemble, adjust and don equipment; perform pre-dive gear check for self and buddy; defog masks; after diving, doff, rinse, and care for gear.

**Surface Skills:**

- Enter and exit.
- Perform surface buoyancy/weighting check.
- Surface communications for divers.
- Orally inflate/deflate own and buddy's BC.
- At the surface, remove and replace (in turn) equipment.
- With face submerged, breathe through snorkel while resting and swimming.
- With face submerged, breathe through residual water in the snorkel without choking.
- Release a simulated muscle cramp for self and buddy.
- If appropriate, use a float and "Diver Down" flag and line.

**Ascent /Descent Skills:**

- Control pressure in air spaces.
- Control feet first descent with breath or BC.
- Controlled ascent with precautionary stop.

**Underwater Skills:**

- Give, recognize and respond appropriately to common underwater communications.
- Mask clearing, removal, and replacement.
- Remove, replace, and clear primary regulator.
- Primary regulator recovery.
- Hover without support or significant movement.
- Use the buddy system for scuba diving.
- Monitor air supply- communicate amount.
- Environmental and compass navigation.
- Compass navigation, bearings, and reciprocal.

**Planning Skills:**

- Surface air consumption calculation.
- Plan/make no-deco dive between 12-18 m (40-60 ft).
- Calculate repetitive no-deco dive using tables.

**Environmental Skills:**

- Diving with minimal impact on environment.
- Marine life identification.

**Emergency Skills:**

- Transport 45 m (50 yds) simulated exhausted buddy.
- Share air both as donor and receiver.
- Perform controlled emergency swimming ascent.
- Alternate air share both as donor/receiver.
- Retrieve unconscious diver from 3 m (10 ft).