

PADI Rescue Diver Course Training Documentation

Student Name _____ Birth Date _____
 Student Mailing Address _____
 City _____ State/Province _____
 Country _____ Zip/Postal Code _____
 Phone (____) _____ Business Phone (____) _____
 FAX (____) _____

I. ACADEMIC TRAINING MODULES

	Date Completed	Initials Student / Inst.*	PADI No.
Mod. 1, Overview, Self-Rescue, and Diver Stress	___/___/___	___/___	_____
Mod. 2, Diving First Aid	___/___/___	___/___	_____
Mod. 3, Emergency Management	___/___/___	___/___	_____
Mod. 4, Equipment Considerations	___/___/___	___/___	_____
Mod. 5, Review and Passed Exam	___/___/___	___/___	_____

II. OPEN WATER TRAINING EXERCISES

	Date Completed	Initials Student / Inst.*	PADI No.
Exercise 1, Tired Diver Exercise	___/___/___	___/___	_____
Exercise 2, Panicked Diver Exercise	___/___/___	___/___	_____
Exercise 3, Response from Shore/Boat	___/___/___	___/___	_____
Exercise 4, Distressed Diver Under Water	___/___/___	___/___	_____
Exercise 5, Missing Diver	___/___/___	___/___	_____
Exercise 6, Surfacing the Unconscious Diver	___/___/___	___/___	_____
Exercise 7, Unconscious Diver at the Surface	___/___/___	___/___	_____
Exercise 8, Egress with an Unconscious Diver	___/___/___	___/___	_____
Exercise 9, First Aid for Pressure-Related Accidents	___/___/___	___/___	_____
Exercise 10, Response from Shore/Boat	___/___/___	___/___	_____
Exercise 11, Diving Accident Scenario One	___/___/___	___/___	_____
Exercise 12, Diving-Accident Scenario Two	___/___/___	___/___	_____

* "I certify that this student has satisfactorily completed this module/exercise as outlined in the PADI Rescue Diver Course Instructor Guide. I am a Teaching status PADI Instructor for the current year."

MEDIC FIRST AID

PADI Instructor Name _____ Signature _____
 PADI No. _____ Dive Center/Resort No. _____ Date ___/___/___
 Phone number (____) _____ Fax number (____) _____

PADI INSTRUCTORS INVOLVED IN TRAINING

PADI Instructor Name _____ Signature _____
 PADI No. _____ Dive Center/Resort No. _____ Date ___/___/___
 Phone number (____) _____ Fax number (____) _____

PADI Instructor Name _____ Signature _____
 PADI No. _____ Dive Center/Resort No. _____ Date ___/___/___
 Phone number (____) _____ Fax number (____) _____

PADI Instructor Name _____ Signature _____
 PADI No. _____ Dive Center/Resort No. _____ Date ___/___/___
 Phone number (____) _____ Fax number (____) _____