

WADI OPEN WATER DIVER RECORD FORM

Student Name: _____ Family Name: _____ Date of Birth: _____ Sex M ☐ F ☐
Phone (____) _____ Email _____ @ _____ address _____
_____ City _____ Postal Code _____ State/Province _____ Country _____

Instructors' identification section to filed by instructor:

I confirm that I'm WADI instructor renewed and authorized to teach and conduct this course
WADI Instructor _____ WADI No. _____ Email Address _____ @ _____
WADI Dive Center No. _____ Phone No. (____) _____ Signature _____ Date ____/____/____

I confirm that I'm WADI instructor renewed and authorized to teach and conduct this course
WADI Instructor _____ WADI No. _____ Email Address _____ @ _____
WADI Dive Center No. _____ Phone No. (____) _____ Signature _____ Date ____/____/____

Watermanship Assessment

200m no aid Swim Or 300 m Mask, Snorkel, Fins <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
10 Minute Float <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
Skin Diving Skills <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
Dry Suit Orientation <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____

Knowledge Development

KnD1 _____ %	Quiz1 _____ % <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
KnD2 _____ %	Quiz2 _____ % <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
KnD3 _____ %	Quiz3 _____ % <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
KnD4 _____ %	Quiz4 _____ % <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
KnD5 _____ %	Exam _____ % <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____

Confined Water Dives

CWD1 <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
CWD2 <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
CWD3 <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
CWD4 <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
CWD5 <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____

I confirm that _____ Has satisfactorily completed all Watermanship Assessment, Knowledge Development and Confined Water Dives listed above the as stated in the standards of WADI instructor manual.

Instructor Signature _____ Initial _____ WADI# _____

Open Water Dives

OWD1 <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
OWD2 <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
OWD3 <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
OWD4 <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____
OWD5 <input type="checkbox"/>	____/____/____	Initial _____ WADI# _____

Statement: I confirm that I do understand the requirements of this course and that I have completed all the requirements for certification successfully, I realize that I can't exceed the limits and conditions I have been trained in. and that I need additional training for other geographical diving areas or activities, and after inactivity period that exceeding 6 months, I agree to attend WADI refreshment course.


Student Signature _____ Date ____/____/____

All requirements for certification as a **WADI Scuba Diver** have been successfully completed (Knowledge Development 1, 2, 3 Confined Water Dives 1, 2, 3 Open Water Dives 1, 2).

Instructor Signature _____ # _____ Date ____/____/____

All requirements for certification as a **WADI Open Water Diver** have been successfully completed.

Instructor Signature _____ # _____ Date ____/____/____

 www.divewadi.com

