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Confined Water SCUBA Refresher and Quick Review

Name _____ Date _____

Certification Agency _____ Certification # _____

The Quick Review goes over concepts you learned in your Open Water Diver course. If you recently completed the Open Water Diver course, this will be a quick refresher. If it's been some time, the Quick Review will not only help you refresh your memory, but will help bring you up to date with changes, and alert you to anything you might want to review with your instructor.

1. You should equalize your ears and other air spaces while descending:

- a. only when you feel discomfort.
- b. every few feet, **before** you feel discomfort.

2. If you feel discomfort in your ears while descending, ascend until the discomfort is gone, attempt to equalize again and continue a slow descent if successful. Never continue a descent if you can't equalize. • True • False

3. The most important rule of SCUBA diving is: Breathe continuously and never hold your breath. • True • False

4. If you feel discomfort during ascent due to air expansion in a body air space:

- a. slow or stop your ascent and give the trapped air time to work its way out.
- b. continue ascending; the air will force an escape path.

5. If you begin shivering underwater, increase your activity to warm up.

- True • False

6. If you become overexerted underwater:

- a. stop, breathe and rest. • b. swim quickly to the surface and signal for assistance.

7. Planning a dive should include (check all that apply):

- a. what to do in an emergency. • b. maximum time and depth limits.
- c. a review of communication procedures.

8. If you and your buddy lose contact, the *general* recommendation is:

- a. search for no more than a minute, then reunite at the surface.
- b. search for no more than 15 minutes, then reunite at the surface.

9. If caught in a current and exhausted at the surface when boat diving, you should signal for assistance and establish buoyancy, then rest and catch your breath while waiting to get picked up. • True • False

10. Which of the following reduce the chance of accidental injury by an aquatic animal? (Check all that apply.)

- a. Never tease or intentionally disturb an animal.
- b. Never look under a rock outcropping.
- c. Move slowly and carefully, watching where you put your hands, knees and feet.
- d. If you don't know what something is, don't touch it!

11. If you accidentally become entangled, you should:

- a. inflate your BCD so you pull free.
- b. avoid turning and struggling, and work slowly and carefully to free yourself.

12. You help avoid underwater problems by diving within the limits of your experience and training. • True • False

13. If you were to run out of air at 35 feet and your buddy were not immediately available, your best option would be

- a. to make a buoyant emergency ascent.
- b. to make a controlled emergency swimming ascent.

14. Unless local laws or regulations state differently, you should stay within _____ of a dive flag, and boaters and water-skiers should stay _____ away from it.

- a. 50 ft., 100-200 ft. • b. 25 ft., 50-100 ft.

15. You prevent problems with contaminated air primarily by having your tanks filled only by reputable professional dive operations.

- True • False

16. If you feel the effects of nitrogen narcosis, you should:

- a. ascend to a shallower depth. • b. slow your descent until they pass.

17. To prevent nitrogen narcosis:

- a. avoid deep dives. • b. descend slowly.

18. Exceeding established depth and/or time limits can produce _____ on ascent, which causes decompression sickness.

- a. bubbles in the body tissues • b. blood circulation to the skin

19. Signs and symptoms of decompression sickness include (check all that apply):

- a. numbness and tingling • b. euphoria • c. pain, often in the joints and limbs

20. A diver suspected of having decompression sickness should:

- a. wait six hours before diving again.
- b. stop diving, breathe emergency oxygen and seek emergency medical care.

21. First aid for decompression sickness and lung overexpansion injuries include preventing and treating for shock, administering oxygen and if necessary, CPR.

- True • False

22. Dive tables and dive computers:

- a. apply a mathematical model to determine theoretical dive time limits.
- b. read the actual amount of nitrogen in your body.

23. Avoid the maximum limits of your dive tables or computer because:

- a. you're more likely to run out of air.
- b. people vary in their susceptibility to decompression sickness.

24. No decompression, or no stop, diving means:

- a. you never run out of air.
- b. that you plan dives with tables and computers so you can make a direct ascent to the surface if necessary.

25. When making a repetitive dive, it's necessary to account for residual nitrogen still in your body from the previous dive. • True • False

26. The "formal" definition of bottom time is:

- a. from the beginning of descent to the beginning of a direct ascent to the safety stop/surface.
- b. from the time you reach the bottom to the time you reach the surface.

(You may skip to question 30 if using a dive computer)

27. If planning three or more dives in a day with the RDP, if your ending pressure group after the second dive is Y, you should wait at least _____ hour(s) before all subsequent dives. • a. 1 • b. 3

28. RDP After a dive to 18 metres/60 feet for 30 minutes, followed by a 30 minute surface interval and a repetitive dive to 16 metres/50 feet for 28 minutes, your ending pressure group would be: • a. R • b. P • c. O • d. T

29. RDP After a dive to 17 metres/56 feet for 42 minutes, followed by a 42 minute surface interval and a repetitive dive to 17 metres/56 feet for 29 minutes, your ending pressure group would be: • a. X • b. T • c. V • d. U

30. A safety stop is a pause during your ascent at the end of your dive at _____ for _____. • a. 15 ft/3 or more minutes. • b. 10 ft/ 1 minute.

31. Always make a safety stop if (check all that apply):

- a. you dive to 100 feet or deeper.
- b. you dive in low visibility.
- c. your ending pressure group comes within three pressure groups of a no decompression limit.

32. If you accidentally exceed a no decompression limit by less than five minutes:

- a. slowly ascend to 5 metres/15 feet and make an eight minute stop prior to surfacing, then discontinue diving for at least six hours.
- b. ascend directly to the surface, but don't exceed 18 metres/60 feet per minute.

33. If you accidentally exceed a no decompression limit by more than five minutes, slowly ascend to 5 metres/15 feet and make a stop prior to surfacing for no less than 15 minutes (air supply permitting), then discontinue diving for at least 24 hours.

- True • False

34. In cold water or under strenuous conditions, plan your dive as though it were:

- a. 10 ft shallower than actual.
- b. 10 ft deeper than actual.

35. To be reasonably assured you remain symptom free from decompression sickness when flying in a commercial jet airliner after diving, wait 18 hours. True • False

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How'd you do? Score: _____

1. b; 2. True; 3. True; 4. a; 5. False. (Shivering is a warning sign to end the dive immediately and seek warmth); 6. a; 7. a,b,c; 8. a; 9. True; 10. a,c,d; 11. b; 12. True; 13. b; 14. a; 15. True; 16. a; 17. a; 18. a; 19. a,c; 20. b; 21. True; 22. a; 23. b; 24. b; 25. True; 26. a; 27. b; 28. a; 29. c; 30. a; 31. a,c; 32. a; 33. True; 34. b. 35. True (wait 12 hours for one dive, 18 to 24 hours for multiple dives.

Please ask your PADI instructor to review with you any questions you don't understand.

Student Statement:

I have reviewed and understand the questions I have missed.

Student Signature

Date

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Confined Water SCUBA Refresher

Not valid without certification card from a recognized SCUBA agency.

Name: _____

Certification Agency _____ Certification # _____

Confined Water Refresher Skills Completed:

- ☐ Equipment assembly & Disassembly
- ☐ B.W.R.A.F. Giant Stride
- ☐ Adjust for proper weighting.
- ☐ No Mask Breathing for one minute
- ☐ No Mask Swim
- ☐ Alternate air source use, both donor and receiver
- ☐ BCD Remove Replace at the Surface & Underwater
- ☐ Neutral buoyancy while clearing mask.
- ☐ Breathe effectively from a free-flowing regulator for at least 30 second
- ☐ Use both oral and low-pressure BCD inflation to become neutrally buoyant. Fin Pivot
- ☐ Remove, replace, adjust and secure the weight system. Emergency weight drop.

Instructor Name: _____ PADI # _____

Instructor Signature: _____ Date: _____

GENERAL TRAINING

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ store/resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc. or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ store/resort and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____ participant name hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), _____ instructor(s), the facility through which I receive my instruction, _____ store/resort, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____ participant name BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, _____ instructor(s), THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, _____ store/resort, AND PADI AMERICAS, INC. AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)

MEDICAL STATEMENT

Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by _____ and
Instructor

_____ located in the
Facility

city of _____, state/province of _____.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

- _____ Could you be pregnant, or are you attempting to become pregnant?
- _____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- _____ Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

- _____ Asthma, or wheezing with breathing, or wheezing with exercise?
- _____ Frequent or severe attacks of hayfever or allergy?
- _____ Frequent colds, sinusitis or bronchitis?
- _____ Any form of lung disease?
- _____ Pneumothorax (collapsed lung)?
- _____ Other chest disease or chest surgery?
- _____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- _____ Epilepsy, seizures, convulsions or take medications to prevent them?
- _____ Recurring complicated migraine headaches or take medications to prevent them?
- _____ Blackouts or fainting (full/partial loss of consciousness)?
- _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Please answer the following questions on your past or present medical history with a **YES or NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- _____ Dysentery or dehydration requiring medical intervention?
- _____ Any dive accidents or decompression sickness?
- _____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- _____ Head injury with loss of consciousness in the past five years?
- _____ Recurrent back problems?
- _____ Back or spinal surgery?
- _____ Diabetes?
- _____ Back, arm or leg problems following surgery, injury or fracture?
- _____ High blood pressure or take medicine to control blood pressure?
- _____ Heart disease?
- _____ Heart attack?
- _____ Angina, heart surgery or blood vessel surgery?
- _____ Sinus surgery?
- _____ Ear disease or surgery, hearing loss or problems with balance?
- _____ Recurrent ear problems?
- _____ Bleeding or other blood disorders?
- _____ Hernia?
- _____ Ulcers or ulcer surgery ?
- _____ A colostomy or ileostomy?
- _____ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature

Date

Signature of Parent or Guardian

Date