

ERDI Training Record



Student Info: Personal and Confidential Please Print Clearly

i Name: _____ Birth Date: ____/____/____
Last / Family / Surname First / Given Initial Day / Month / Year

Address: _____ M F

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Phone: _____ Daytime Phone: _____

Email: _____

Occupation: _____ Referred by: _____

Emergency Contact:

+ Name: _____ Address: _____ Relationship: _____ Home Phone: _____ Work/Cell Phone: _____

Name: _____ Address: _____ Relationship: _____ Home Phone: _____ Work/Cell Phone: _____

Diving History (Please provide a brief explanation of your diving history, attach additional sheets as necessary.):

? Total Logged Dives: _____ Total PSD Dives: _____ Date of Last PSD Dive: ____/____/____ N/A*
Day Month Year

Department: _____ Supervisor: _____ Phone Number: _____
*Check this box if you are not currently a PSD Diver.

Types of PSD Dives Logged:

Black Water Search and Recovery Contaminated Water Evidence Recovery
 Other: _____ Other: _____ N/A*
*Check this box if you are not currently a PSD Diver.

Additional History:

Open Water Diver: Agency: _____ Certification Date: ____/____/____/ Certification Number: _____
 Instructor Name: _____

Advanced Open Water Diver: Agency: _____ Certification Date: ____/____/____/ Certification Number: _____
 Instructor Name: _____

Rescue Diver: Agency: _____ Certification Date: ____/____/____/ Certification Number: _____
 Instructor Name: _____

CPR/First Aid: Agency: _____ Certification Date: ____/____/____/ Certification Number: _____
 Instructor Name: _____

CPR/First Aid Updates:	Date: ____/____/____ Number: _____	Date: ____/____/____ Number: _____	Date: ____/____/____ Number: _____
	Date: ____/____/____ Number: _____	Date: ____/____/____ Number: _____	Date: ____/____/____ Number: _____
	Date: ____/____/____ Number: _____	Date: ____/____/____ Number: _____	Date: ____/____/____ Number: _____

Other: Agency: _____ Certification Date: ____/____/____/ Certification Number: _____
 Instructor Name: _____

Other: Agency: _____ Certification Date: ____/____/____/ Certification Number: _____
 Instructor Name: _____