



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Emergency First Aid with CPR-B (Revised 2006)

Please **print** each candidate's name, address & postal code.

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Shock	Heart attack or angina	External bleeding	Stroke/TIA	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11a	11b	11c	11d	12		
1 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	
2 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	
3 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	
4 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	
5 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	
6 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	

Check box if there are more candidates on the reverse side of this page.  - Satisfactory Performance **F** - Fail Total Pass for Exam  Total Fail for Exam

This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

**Instructor information**

Instructor's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Exam information**

Exam date: \_\_\_\_\_ Exam is:  Original **OR**  Recert

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**Awards information**  Awards issued by affiliate  Awards not issued

**This section to be completed by the Lifesaving Instructor who examined the candidates.**

**Payment information**  Exam fees attached  Exam fees not attached

Send invoice or receipt to: \_\_\_\_\_

Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Emergency First Aid with CPR-B (Revised 2006)

Side 2: Please **print** each candidate's name and contact information legibly.

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Shock	Heart attack or angina	External bleeding	Stroke/TIA	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11a	11b	11c	11d	12		
7 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	
8 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	
9 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	
10 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	
11 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	
12 Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....																	

Check box if there are more candidates on the reverse side of this page.  - Satisfactory Performance **F** - Fail Total Pass for Exam  Total Fail for Exam

This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_ ( )

**Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet.** Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.

**Exam information**

Exam date: \_\_\_\_\_ Exam is:  Original **OR**  Recert  
YY MM DD ( )

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**This section to be completed by the Lifesaving Instructor who examined the candidates.**

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_

( ) Telephone \_\_\_\_\_ Signature \_\_\_\_\_