



LIFESAVING SOCIETY
The Lifeguarding Experts

Standard First Aid with CPR-C (Revised 2006)

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

Date of birth	Emergency First Aid Award items	Two-rescuer CPR: adult, child & infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Abdominal or chest injury	Burns	Facial injury	Suspected head injury	Seizure	Diabetes	Poisoning	Critical incident stress management	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11	12			
1 Name Address City Postal Code Year Month Day															
2 Name Address City Postal Code Year Month Day															
3 Name Address City Postal Code Year Month Day															
4 Name Address City Postal Code Year Month Day															
5 Name Address City Postal Code Year Month Day															
6 Name Address City Postal Code Year Month Day															

Check box if there are more candidates on the reverse side of this page.

This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance

F - Fail

Total Pass
for Exam

Total Fail
for Exam

Awards information

Awards issued by affiliate Awards not issued

Payment information

Exam fees attached Exam fees not attached

Send invoice or receipt to:

()
Host name (Affiliate) _____ Telephone _____
Street address _____
City _____ Prov. _____ Postal code _____

Exam information

Exam date: _____ Exam is:
YY MM DD Original OR Recert
()
Facility name (e.g., name of pool) _____ Telephone _____

This section to be completed by the First Aid Examiner who examined the candidates.

Examiner's name _____ ID# (optional) _____
E-mail address _____
()
Telephone _____ Signature _____



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

Date of birth	Emergency First Aid Award items												Result			
	1	2	3	4	5	6	7	8	9	10	11	12				
7																
Name	Year															
Address	Month															
City Postal Code	Day															
8																
Name	Year															
Address	Month															
City Postal Code	Day															
9																
Name	Year															
Address	Month															
City Postal Code	Day															
10																
Name	Year															
Address	Month															
City Postal Code	Day															
11																
Name	Year															
Address	Month															
City Postal Code	Day															
12																
Name	Year															
Address	Month															
City Postal Code	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 _____

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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 First Aid Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

() Telephone _____ Signature _____