



LIFESAVING SOCIETY
The Lifeguarding Experts

Cardiopulmonary Resuscitation (CPR) (Revised 2006)

Level: CPR-A CPR-B CPR-C

Side 1: Please print each candidate's name, and contact information legibly.

	Date of birth	CPR-A			CPR-B			CPR-C			Result			
		One-rescuer CPR: adult	Obstructed airway: conscious adult	Obstructed airway: unconscious adult	One-rescuer CPR: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	One-rescuer CPR: adult, child & infant	Two-rescuer CPR: adult, child & infant		Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant
		1	3	5	1	3	4	5	1	2	3	4	5	
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. - Satisfactory Performance **F** - Fail Total Pass for Exam Total Fail for Exam

This test sheet is Page _____ of _____ Pages.

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: _____ 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# (optional)

E-mail address _____
() Telephone Signature



LIFESAVING SOCIETY
The Lifeguarding Experts

Cardiopulmonary Resuscitation (CPR) (Revised 2006)

Level: CPR-A CPR-B CPR-C

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

	Date of birth	CPR-A			CPR-B			CPR-C			Result			
		One-rescuer CPR: adult	Obstructed airway: conscious adult	Obstructed airway: unconscious adult	One-rescuer CPR: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	One-rescuer CPR: adult, child & infant	Two-rescuer CPR: adult, child & infant		Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant
		1	3	5	1	3	4	5	1	2	3	4	5	
7 Name Address City Postal Code Year Month Day														
8 Name Address City Postal Code Year Month Day														
9 Name Address City Postal Code Year Month Day														
10 Name Address City Postal Code Year Month Day														
11 Name Address City Postal Code Year Month Day														
12 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

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:
YY MM DD Original **OR** Recert

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 _____