



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Bronze Cross (Revised 2003)

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

Date of birth

Prerequisites checked															Result	
*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13		*14
Rescue drill																
Fitness challenge																
Endurance challenge																
First aid assessment																
One-rescuer CPR																
Two-rescuer CPR																
Obstructed airway: conscious adult or child																
Obstructed airway: conscious infant																
Obstructed airway: unconscious victim																
Hypothermia																
Walk, spot & evaluate																
Spinal injury management																
Team search																
Rescue 1: multiple victims																
Rescue 2: submerged victim																
Rescue 3: two rescuers																
Rescue 4: injured victim																

\* Items are instructor evaluated

<b>1</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																
	Month																
	Day																
	Prereq.: Original: Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																
<b>2</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																
	Month																
	Day																
	Prereq.: Original: Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																
<b>3</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																
	Month																
	Day																
	Prereq.: Original: Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																
<b>4</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																
	Month																
	Day																
	Prereq.: Original: Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																
<b>5</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																
	Month																
	Day																
	Prereq.: Original: Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																
<b>6</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																
	Month																
	Day																
	Prereq.: Original: Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																

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.

<b>Instructor information</b> Instructor's name _____ ID# _____ E-mail address ( ) _____ Telephone _____ Signature _____		<b>Exam information</b> Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____	
<b>Awards information</b> <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued		<b>This section to be completed by the Lifesaving Examiner who examined the candidates.</b> Examiner's name _____ ID# _____ E-mail address ( ) _____ Telephone _____ Signature _____	
<b>Payment information</b> <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: ( ) _____ Host name (Affiliate) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____			



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Bronze Cross (Revised 2003)

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

Date of birth

Prerequisites checked	Rescue drill	Fitness challenge	Endurance challenge	First aid assessment	One-rescuer CPR	Two-rescuer CPR	Obstructed airway: conscious adult or child	Obstructed airway: conscious infant	Obstructed airway: unconscious victim	Hypothermia	Walk, spot & evaluate	Spinal injury management	Team search	Rescue 1: multiple victims	Rescue 2: submerged victim	Rescue 3: two rescuers	Rescue 4: injured victim	Result
	*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13	*14	15	

\* Items are instructor evaluated

<b>7</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																	
	Month																	
	Day																	
	<b>Prereq.:</b> <i>Original</i> Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ <b>Recert:</b> Bronze Cross Date earned: _____ Location: _____																	
<b>8</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																	
	Month																	
	Day																	
	<b>Prereq.:</b> <i>Original</i> Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ <b>Recert:</b> Bronze Cross Date earned: _____ Location: _____																	
<b>9</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																	
	Month																	
	Day																	
	<b>Prereq.:</b> <i>Original</i> Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ <b>Recert:</b> Bronze Cross Date earned: _____ Location: _____																	
<b>10</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																	
	Month																	
	Day																	
	<b>Prereq.:</b> <i>Original</i> Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ <b>Recert:</b> Bronze Cross Date earned: _____ Location: _____																	
<b>11</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																	
	Month																	
	Day																	
	<b>Prereq.:</b> <i>Original</i> Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ <b>Recert:</b> Bronze Cross Date earned: _____ Location: _____																	
<b>12</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year																	
	Month																	
	Day																	
	<b>Prereq.:</b> <i>Original</i> Bronze Medallion Date earned: _____ Location: _____ Emergency 1st Aid Date earned: _____ Location: _____ <b>Recert:</b> Bronze Cross Date earned: _____ Location: _____																	

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 Examiner who examined the candidates.**

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

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

( )

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