



LIFESAVING SOCIETY
The Lifeguarding Experts

National Lifeguard: Pool (Revised 2004)

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

Gender

Date of birth

Prerequisites checked	Core							Pool Option										
	Lifeguarding theory and practice	Lifeguard communication	Lifeguard communication	Management of drowning victim	Management of submerged victim	Management of spinal-injured victim	Supervision: victim recognition	Pool analysis	Supervision: scanning & observation	Supervision: positioning & rotation	Entries and removals	Specialized techniques	Pool search: missing person	Physical standard: spinal carry	Physical standard: object recovery	Physical standard: approach & carry	Physical standard: rescue drill	Pool lifeguarding situations
	*1	*2a	*2b	*3a	*3b	*3c	*4	*1	*2a	*2b	*3	*4	*5	*6a	*6b	*6c	*6d	7
* Items are instructor evaluated																		

7 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year Month Day	Prereq: <i>Original</i> : Bronze Cross Standard 1st Aid <i>Recert</i> : NLS Date earned: _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____ Location: _____
8 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year Month Day	Prereq: <i>Original</i> : Bronze Cross Standard 1st Aid <i>Recert</i> : NLS Date earned: _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____ Location: _____
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12 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year Month Day	Prereq: <i>Original</i> : Bronze Cross Standard 1st Aid <i>Recert</i> : NLS Date earned: _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____ 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: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____ This section to be completed by the NLS Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____
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