



LIFESAVING SOCIETY
The Lifeguarding Experts

Airway Management

(Updated 2011)

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

Date of birth	Prerequisite	Knowledge	Barrier devices	Oral airways	Oxygen delivery system	Oxygen supplementation	Manual suction	Result
		1	2	3	4	5	6	
7 Name Address Apt # City Postal Code E-mail Phone Year Month Day								
8 Name Address Apt # City Postal Code E-mail Phone Year Month Day								
9 Name Address Apt # City Postal Code E-mail Phone Year Month Day								
10 Name Address Apt # City Postal Code E-mail Phone Year Month Day								
11 Name Address Apt # City Postal Code E-mail Phone Year Month Day								
12 Name Address Apt # City Postal Code E-mail Phone 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 the 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 Advanced First Aid or Airway Management Examiner who examined the candidates.

Name _____ ID# (optional) _____

E-mail address _____

()
Telephone _____ Signature _____