



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: 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 _____