





LIFESAVING SOCIETY  
The Lifeguarding Experts

# Emergency First Aid with CPR-B (Revised 2011)

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

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13		
7															
Name	Year														
Address	Apt #														
City	Postal Code		Month												
E-mail	Phone		Day												
8															
Name	Year														
Address	Apt #														
City	Postal Code		Month												
E-mail	Phone		Day												
9															
Name	Year														
Address	Apt #														
City	Postal Code		Month												
E-mail	Phone		Day												
10															
Name	Year														
Address	Apt #														
City	Postal Code		Month												
E-mail	Phone		Day												
11															
Name	Year														
Address	Apt #														
City	Postal Code		Month												
E-mail	Phone		Day												
12															
Name	Year														
Address	Apt #														
City	Postal Code		Month												
E-mail	Phone		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  
 YY    MM    DD    ( ) \_\_\_\_\_

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**This section to be completed by the Emergency First Aid Instructor who examined the candidates.**

Name \_\_\_\_\_ ID# (optional) \_\_\_\_\_

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

( ) \_\_\_\_\_ Telephone \_\_\_\_\_ Signature \_\_\_\_\_