



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Standard First Aid with CPR-C (Revised 2011)

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

Date of birth	Emergency First Aid Award Items	Two-rescuer CPR: adult, child & infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result
		1	2	3	4	5	6	7	8	9	10		
1	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												
2	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												
3	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												
4	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												
5	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												
6	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												

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

<b>First Aid Instructor information</b> Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	<b>Exam information</b> Exam date: _____ Exam is: <input type="checkbox"/> Original <b>OR</b> <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>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 _____	<b>This section to be completed by the First Aid Examiner who examined the candidates.</b> Name _____ ID# (optional) _____ E-mail address _____ Telephone _____ Signature _____



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		1	2	3	4	5	6	7	8	9	10		
7	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												
8	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												
9	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												
10	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												
11	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												
12	Name												
	Address Apt #												
	City Postal Code												
	E-mail Phone												

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- 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 First Aid Examiner who examined the candidates.**

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

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

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