



Pool

Revised 2012

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

Prerequisites checked	* Items are instructor-evaluated										† Items are mandatory during recert										Result	
	1*	2a*	2b*	2c*	2d*	2e*	2f*	3*	4*	5a*	5b*	*5c	6*	7*	8*	9a*	9b*	9c*	9d*	10		
1 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Year Month Day	Gender Date of birth	Lifeguarding theory & practice Object recovery † Underwater swim Sprint challenge † Rescue drill Endurance challenge † Approach & carry Pool facility analysis Lifeguard communication Scanning & observation Positioning & rotation Intervention Entries & removals Specialized techniques Missing person Mgmt: distressed or drowning victim † Mgmt: submerged, non-breathing victim † Mgmt: spinal-injured victim † Mgmt: injured swimmer † Lifeguarding situations †																			
			Prereq.: Original: < Bronze Cross Standard 1st Aid NLS										Date earned: _____ Location: _____									
			Recert: NLS										Date earned: _____ Location: _____									
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			Date earned: _____ Location: _____																			

Check this box if there are more candidates on the reverse side of this page.
 This test sheet is Page _____ of _____ Pages

- Satisfactory Performance

- Fail

Total Pass for Exam

Total Fail for Exam

Instructor information

Instructor's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Exam information

Exam date: _____ Exam is: Original **OR** Recert

Facility name (e.g., name of pool) _____ Telephone _____

Awards information Awards issued by affiliate Awards not issued

Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to:

Host name (Affiliate) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

This section to be completed by the NLS Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____



Pool

Revised 2012

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

5 Last name First name Address City Prov. Postal Code E-mail Phone	M F Gender	Year Month Day	Prerequisites checked										Result									
			1*	2a*	2b*	2c*	2d*	2e*	2f*	3*	4*	5a*		5b*	*5c	6*	7*	8*	9a*	9b*	9c*	9d*
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- Satisfactory Performance

- 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: ____ YY ____ MM ____ DD Exam is:
 Original **OR** 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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