LIFESAVING SOCIETY

The Lifeguarding Experts

Bronze Cross

(Revised 2020)

This test sheet for original exam candidates only.

Side 1: Please record each candidate's name, and contact information accurately.

	Date of birth	Prerequisits checked	The Lifesaving Society 1*	Non-fatal drowning 2*	Shallow water blackout 3*	Assistant lifeguard roles and responsibilities 4*	Communication 5*	Two-rescuer removals 6*	Surface dives and underwater swims 7*	Team search 8*	Two-rescuer drowning resuscitation 9*	Spinal injury management 10*	Object recovery and transport 11*	Rescue drill: recover submerged victim 12*	Endurance challenge – 400 m or yd. 13*	Safety supervision scanning 14*	Two-person rescue 1: multiple victims 15	Two-person rescue 2: submerged victim 16	Assistant lifeguard situations 17	Result
			* Items are instructor evaluated																	
1 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
Prerequisites: Bronze Medallion Date earned: Location: / Emergency 1st Aid Date earned: Location:																				
2 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
Prerequisites: Bronze Medallion Date earned: Location: / Emergency 1st Aid Date earned: Location:																				
3 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
Prerequisites: Bronze Medallion Date earned: Location: / Emergency 1st Aid Date earned: Location:																				
4 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
Prerequisites: Bronze Medallion Date earned: Location: / Emergency 1st Aid Date earned: Location:																				
5 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
Prerequisites: Bronze Medallion Date earned: Location: / Emergency 1st Aid Date earned: Location:																				
6 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
Prerequisites: Bronze Medallion Date earned: Location: / Emergency 1st Aid Date earned: Location:																				

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

✔ - Satisfactory Performance X - Fail **Total Pass for Exam** ☐ **Total Fail for Exam** ☐

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) ( ) Telephone

Street address

City Prov. Postal code

Exam Information

Exam date:
YY MM DD

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

Instructor Information

Instructor's name ID#

E-mail address

( ) Telephone Signature

Individual who examined the candidates

Same as Instructor ☐ **or**

Examiner's name ID#

E-mail address

( ) Telephone Signature

Individual who apprenticed on the exam

Same as Instructor ☐ **or**

Apprentice's name ID#

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. ***Retain one copy for your records.*** *Do not send cash by mail.*

LIFESAVING SOCIETY

The Lifeguarding Experts

Bronze Cross

(Revised 2020)

This test sheet for original exam candidates only.

Side 2: Please record each candidate's name, and contact information accurately.

	Date of birth	Prerequisits checked	The Lifesaving Society 1*	Non-fatal drowning 2*	Shallow water blackout 3*	Assistant lifeguard roles and responsibilities 4*	Communication 5*	Two-rescuer removals 6*	Surface dives and underwater swims 7*	Team search 8*	Two-rescuer drowning resuscitation 9*	Spinal injury management 10*	Object recovery and transport 11*	Rescue drill: recover submerged victim 12*	Endurance challenge – 400 m or yd. 13*	Safety supervision scanning 14*	Two-person rescue 1: multiple victims 15	Two-person rescue 2: submerged victim 16	Assistant lifeguard situations 17	Result
			* Items are instructor evaluated																	
7 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
		Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
8 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
		Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
9 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
		Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
10 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
		Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
11 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
		Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
12 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
		Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
13 Name / Address / City / Postal Code / E-mail / Phone	Year / Month / Day																			
		Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		

☐ ***Check box if there are more candidates on the reverse side of this page.*** This is Page of Pages.

✔ - Satisfactory Performance X - Fail **Total Pass for Exam** ☐ **Total Fail for Exam** ☐

Please complete all sections on Side 1 of test sheet. Host, exam information *and* examiner *sections must be completed on both sides 1 and 2 of the test sheet.*

Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

Exam Information

Exam date: YY MM DD

Individual who examined the candidates Same as Side 1 ☐ (***sign below***) **or**

Examiner's name ID#

E-mail address

( ) Telephone

Signature

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. ***Retain one copy for your records.*** *Do not send cash by mail.*