



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	Prerequisites checked														Result		
	The Lifesaving Society	Non-fatal drowning	Shallow water blackout	Assistant lifeguard roles and responsibilities	Communication	Two-rescuer removals	Surface dives and underwater swims	Team search	Two-rescuer drowning resuscitation	Spinal injury management	Object recovery and transport	Rescue drill: recover submerged victim	Endurance challenge - 400 m or yd.	Safety supervision scanning	Two-person rescue 1: multiple victims submerged	Two-person rescue 2: submerged victim	Assistant lifeguard situations
	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15	16	17

* Items are instructor evaluated

1 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
City.....	Postal Code	Day															
E-mail	Phone																
2 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
City.....	Postal Code	Day															
E-mail	Phone																
3 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
City.....	Postal Code	Day															
E-mail	Phone																
4 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
City.....	Postal Code	Day															
E-mail	Phone																
5 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
City.....	Postal Code	Day															
E-mail	Phone																
6 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
City.....	Postal Code	Day															

Check 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

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#



LIFESAVING SOCIETY

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This test sheet for original exam candidates only.

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

Date of birth	Prerequisites checked															Result		
	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15	16	17	

* Items are instructor evaluated

7 Name..... Address..... City.....Postal Code..... E-mail.....Phone.....	Year																	
	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:				
	Day																	
8 Name..... Address..... City.....Postal Code..... E-mail.....Phone.....	Year																	
	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:				
	Day																	
9 Name..... Address..... City.....Postal Code..... E-mail.....Phone.....	Year																	
	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:				
	Day																	
10 Name..... Address..... City.....Postal Code..... E-mail.....Phone.....	Year																	
	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:				
	Day																	
11 Name..... Address..... City.....Postal Code..... E-mail.....Phone.....	Year																	
	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:				
	Day																	
12 Name..... Address..... City.....Postal Code..... E-mail.....Phone.....	Year																	
	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:				
	Day																	
13 Name..... Address..... City.....Postal Code..... E-mail.....Phone.....	Year																	
	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:				
	Day																	

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance X - Fail **Total Pass for Exam** **Total Fail for Exam**

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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												Individual who examined the candidates					
Host name (Affiliate or Organization paying the exam fees)												Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____					
Exam Information												E-mail address _____ (_____) Telephone _____ Signature _____					
Exam date: YY MM DD																	