



LIFESAVING SOCIETY

The Lifeguarding Experts

Bronze Medallion Recertification

(Revised 2020)

*This test sheet for Recertification exam
candidates only.*

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

		Date of birth	Prerequisites checked	Self-rescue	Defences and releases	Submerged victim recovery	Endurance challenge – 400 m or yd.	Rescue 1: from land	Rescue 2: open water	Rescue 3: non-breathing victim	Result
				5	9	12	15	17	18	19	
1											
Name.....		Year.....	Prerequisites: Bronze Medallion Date earned: Location:								
Address.....		Month.....									
City..... Postal Code.....		Day.....									
E-mail..... Phone.....											
2											
Name.....		Year.....	Prerequisites: Bronze Medallion Date earned: Location:								
Address.....		Month.....									
City..... Postal Code.....		Day.....									
E-mail..... Phone.....											
3											
Name.....		Year.....	Prerequisites: Bronze Medallion Date earned: Location:								
Address.....		Month.....									
City..... Postal Code.....		Day.....									
E-mail..... Phone.....											
4											
Name.....		Year.....	Prerequisites: Bronze Medallion Date earned: Location:								
Address.....		Month.....									
City..... Postal Code.....		Day.....									
E-mail..... Phone.....											
5											
Name.....		Year.....	Prerequisites: Bronze Medallion Date earned: Location:								
Address.....		Month.....									
City..... Postal Code.....		Day.....									
E-mail..... Phone.....											
6											
Name.....		Year.....	Prerequisites: Bronze Medallion Date earned: Location:								
Address.....		Month.....									
City..... Postal Code.....		Day.....									
E-mail..... Phone.....											

☐

Check box if there are more candidates on the reverse side of this page.



- 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

Individual who examined the candidates

Examiner's name ID#

E-mail address

Telephone Signature

Individual who apprenticed on the exam

Apprentice's name ID#



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candidates only.*

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

Date of birth	Prerequisites checked	Self-rescue	Defences and releases	Submerged victim recovery	Endurance challenge - 400 m or yd.	Rescue 1: from land	Rescue 2: open water	Rescue 3: non-breathing victim	Result
7									
Name.....	Year.....	Prerequisites: Bronze Medallion Date earned: Location:							
Address.....	Month.....								
City.....Postal Code.....	Day.....								
E-mail.....Phone.....									
8									
Name.....	Year.....	Prerequisites: Bronze Medallion Date earned: Location:							
Address.....	Month.....								
City.....Postal Code.....	Day.....								
E-mail.....Phone.....									
9									
Name.....	Year.....	Prerequisites: Bronze Medallion Date earned: Location:							
Address.....	Month.....								
City.....Postal Code.....	Day.....								
E-mail.....Phone.....									
10									
Name.....	Year.....	Prerequisites: Bronze Medallion Date earned: Location:							
Address.....	Month.....								
City.....Postal Code.....	Day.....								
E-mail.....Phone.....									
11									
Name.....	Year.....	Prerequisites: Bronze Medallion Date earned: Location:							
Address.....	Month.....								
City.....Postal Code.....	Day.....								
E-mail.....Phone.....									
12									
Name.....	Year.....	Prerequisites: Bronze Medallion Date earned: Location:							
Address.....	Month.....								
City.....Postal Code.....	Day.....								
E-mail.....Phone.....									
13									
Name.....	Year.....	Prerequisites: Bronze Medallion Date earned: Location:							
Address.....	Month.....								
City.....Postal Code.....	Day.....								
E-mail.....Phone.....									

<input type="checkbox"/> Check box if there are more candidates on the reverse side of this page. This is Page of Pages.	<input checked="" type="checkbox"/> - Satisfactory Performance <input type="checkbox"/> - 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 Host name (Affiliate or Organization paying the exam fees)	Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (<i>sign below</i>) or Examiner's name ID# E-mail address () Telephone Signature
Exam Information Exam date: YY MM DD	

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.