



LIFESAVING SOCIETY  
The Lifeguarding Experts

## Bronze Cross Recertification

(Revised 2025)

*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	Team search	Spinal injury management	Object recovery and transport	Rescue drill: recover submerged victim	Endurance challenge – 400 m or yd.	Two-person rescue 1: multiple victims	Two-person rescue 2: submerged victim	Assistant lifeguard situations	Result		
					8	10	11	12	13	15	16	17			
<b>1</b> Name..... Address..... City.....Postal Code..... E-mail.....Phone.....			Year..... Month..... Day.....	Prerequisites: Bronze Cross Date earned: Location:											
<b>2</b> Name..... Address..... City.....Postal Code..... E-mail.....Phone.....			Year..... Month..... Day.....	Prerequisites: Bronze Cross Date earned: Location:											
<b>3</b> Name..... Address..... City.....Postal Code..... E-mail.....Phone.....			Year..... Month..... Day.....	Prerequisites: Bronze Cross Date earned: Location:											
<b>4</b> Name..... Address..... City.....Postal Code..... E-mail.....Phone.....			Year..... Month..... Day.....	Prerequisites: Bronze Cross Date earned: Location:											
<b>5</b> Name..... Address..... City.....Postal Code..... E-mail.....Phone.....			Year..... Month..... Day.....	Prerequisites: Bronze Cross Date earned: Location:											
<b>6</b> Name..... Address..... City.....Postal Code..... E-mail.....Phone.....			Year..... Month..... Day.....	Prerequisites: Bronze Cross Date earned: Location:											
<input type="checkbox"/> Check box if there are more candidates on the reverse side of this page.				✓ - Satisfactory Performance				X - Fail				Total Pass for Exam <input type="text"/>		Total Fail for Exam <input type="text"/>	
This is Page of Pages.															
<b>Invoicing Information</b> Host name (Affiliate or Organization paying the exam fees) Telephone ( ) Street address City Prov. Postal code				<b>Individual who examined the candidates</b> Examiner's name ID# E-mail address ( ) Telephone Signature											
<b>Exam Information</b> Exam date: YY MM DD Facility name (e.g., name of pool) Telephone ( )				<b>Individual who apprenticed on the exam</b> Apprentice's name ID#											



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exam candidates only.*

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

			Date of birth	Prerequisites checked	Team search	Spinal injury management	Object recovery and transport	Rescue drill: recover submerged victim	Endurance challenge – 400 m or yd.	Two-person rescue 1: multiple victims	Two-person rescue 2: submerged victim	Assistant lifeguard situations	Result
				8	10	11	12	13	15	16	17		
7													
Name.....			Year.....										
Address.....			Month.....	Prerequisites:									
City.....Postal Code.....			Day.....	Bronze Cross Date earned: Location:									
E-mail.....Phone.....													
8													
Name.....			Year.....										
Address.....			Month.....	Prerequisites:									
City.....Postal Code.....			Day.....	Bronze Cross Date earned: Location:									
E-mail.....Phone.....													
9													
Name.....			Year.....										
Address.....			Month.....	Prerequisites:									
City.....Postal Code.....			Day.....	Bronze Cross Date earned: Location:									
E-mail.....Phone.....													
10													
Name.....			Year.....										
Address.....			Month.....	Prerequisites:									
City.....Postal Code.....			Day.....	Bronze Cross Date earned: Location:									
E-mail.....Phone.....													
11													
Name.....			Year.....										
Address.....			Month.....	Prerequisites:									
City.....Postal Code.....			Day.....	Bronze Cross Date earned: Location:									
E-mail.....Phone.....													
12													
Name.....			Year.....										
Address.....			Month.....	Prerequisites:									
City.....Postal Code.....			Day.....	Bronze Cross Date earned: Location:									
E-mail.....Phone.....													
13													
Name.....			Year.....										
Address.....			Month.....	Prerequisites:									
City.....Postal Code.....			Day.....	Bronze Cross Date earned: Location:									
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

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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.

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