



Pool

Revised 2022

This test sheet is for original exam candidates only.

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

Gender	Date of birth	* Items are instructor-evaluated												Result												
		1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*		8c*	9*	10*	11a*	11b*	11c*	11d*	12a	12b			
<input type="checkbox"/> M <input type="checkbox"/> F Last name First name Address City Prov. Postal Code E-mail Phone	Year Month Day																									
															Prerequisites											
															Bronze Cross Date earned: _____ Location: _____						Standard 1st Aid Date earned: _____ Location: _____					
															Standard 1st Aid Date earned: _____ Location: _____						Standard 1st Aid Date earned: _____ Location: _____					
															Standard 1st Aid Date earned: _____ Location: _____						Standard 1st Aid Date earned: _____ Location: _____					
<input type="checkbox"/> M <input type="checkbox"/> F Last name First name Address City Prov. Postal Code E-mail Phone	Year Month Day																									
															Prerequisites											
															Bronze Cross Date earned: _____ Location: _____						Standard 1st Aid Date earned: _____ Location: _____					
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<input type="checkbox"/> M <input type="checkbox"/> F Last name First name Address City Prov. Postal Code E-mail Phone	Year Month Day																									
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<input type="checkbox"/> M <input type="checkbox"/> F Last name First name Address City Prov. Postal Code E-mail Phone	Year Month Day																									
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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

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# _____



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Revised 2022

This test sheet is for original exam candidates only.

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

Gender	Date of birth	* Items are instructor-evaluated												Result								
		1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*		8c*	9*	10*	11a*	11b*	11c*	11d*	12a
5 Last name M F First name Address City..... Prov..... Postal Code..... E-mail Phone	Year																					
	Month																					
	Day																					
	Prerequisites Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____																					
	Prerequisites Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____																					
6 Last name M F First name Address City..... Prov..... Postal Code..... E-mail Phone	Year																					
	Month																					
	Day																					
	Prerequisites Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____																					
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7 Last name M F First name Address City..... Prov..... Postal Code..... E-mail Phone	Year																					
	Month																					
	Day																					
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8 Last name M F First name Address City..... Prov..... Postal Code..... E-mail Phone	Year																					
	Month																					
	Day																					
	Prerequisites Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____																					
	Prerequisites Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid 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

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 (sign below) or

Examiner's name

ID#

Exam Information

Exam date: _____
YY MM DD

E-mail address

()
Telephone

Signature