



Pool Recertification

Revised 2022

This test sheet is for recertification exam candidates only.

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

Candidate #	Gender	Date of birth	Prerequisites checked										Result	
			Object recovery	Sprint challenge	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team			
			6b	6c	6d	8b	11a	11b	11d	12a	12b			
1	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
2	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
3	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
4	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											

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 _____

Individual who examined the candidates

Examiner's name _____ ID# _____
 E-mail address _____
 Telephone _____ Signature _____



Pool Recertification

Revised 2022

This test sheet is for recertification exam candidates only.

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

Candidate #	Gender	Date of birth	Prerequisites checked								Result		
			Object recovery	Sprint challenge	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: injured victim	Lifeguard situation: single guard		Lifeguard situations: team	
			6b	6c	6d	8b	11a	11b	11d	12a	12b		
5	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____										
			Last name										
			First name										
			Address										
6	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____										
			Last name										
			First name										
			Address										
7	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____										
			Last name										
			First name										
			Address										
8	M F	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____										
			Last name										
			First name										
			Address										

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