



NATIONAL LIFEGUARD

Surf 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
			Use of rescue craft	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team			
			4	5b	7b	9a	9b	9c	9d	10			
1	M F	Year Month Day	Prerequisites National Lifeguard Surf Date earned: _____ Location: _____										
			Last name										
			First name										
			Address										
2	M F	Year Month Day	Prerequisites National Lifeguard Surf Date earned: _____ Location: _____										
			Last name										
			First name										
			Address										
3	M F	Year Month Day	Prerequisites National Lifeguard Surf Date earned: _____ Location: _____										
			Last name										
			First name										
			Address										
4	M F	Year Month Day	Prerequisites National Lifeguard Surf 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 waterfront) _____ Telephone _____

Individual who examined the candidates

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____



National Lifeguard Lifesaving Society Surf Recertification

Revised 2022

This test sheet is for recertification exam candidates only.

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

Prerequisites checked	Use of rescue craft	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result																		
										4	5b	7b	9a	9b	9c	9d	10										
5	M	F	Date of birth	Prerequisites	National Lifeguard Surf	Date earned: _____	Location: _____	Year	Month	Day	Last name	First name	Address	City	Prov.	Postal Code	E-mail	Phone	Use of rescue craft	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
6	M	F	Date of birth	Prerequisites	National Lifeguard Surf	Date earned: _____	Location: _____	Year	Month	Day	Last name	First name	Address	City	Prov.	Postal Code	E-mail	Phone	Use of rescue craft	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
7	M	F	Date of birth	Prerequisites	National Lifeguard Surf	Date earned: _____	Location: _____	Year	Month	Day	Last name	First name	Address	City	Prov.	Postal Code	E-mail	Phone	Use of rescue craft	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
8	M	F	Date of birth	Prerequisites	National Lifeguard Surf	Date earned: _____	Location: _____	Year	Month	Day	Last name	First name	Address	City	Prov.	Postal Code	E-mail	Phone	Use of rescue craft	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result

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 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ () _____ Telephone _____ Signature _____
Exam Information Exam date: _____ YY MM DD	