



Pool

(Revised 2024)

This test sheet for original exam candidates only.

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

*Items are instructor evaluated

Lifeguarding theory & practice	Pool facility analysis	Rescue aid proficiency	Entries & removals	Rescue drill	Underwater swim	Object recovery	Sprint challenge	Endurance challenge	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result
1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12a	12b	
<div><div><div><div><div>1</div><div>Name</div></div><div><div>Gender</div><div><input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X</div></div><div><div>D.O.B. (YY/MM/DD)</div><div>Phone</div></div><div><div>Address</div><div>Province</div></div><div><div>City</div><div>Postal Code</div></div><div><div>Email</div></div></div><div><div>Prerequisites checked: <input type="checkbox"/></div><div><div>Bronze Cross</div><div>Date Earned: _____</div><div>Location: _____</div></div><div><div>Standard First Aid</div><div>Date Earned: _____</div><div>Location: _____</div></div></div></div></div>																					
<div><div><div><div><div>2</div><div>Name</div></div><div><div>Gender</div><div><input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X</div></div><div><div>D.O.B. (YY/MM/DD)</div><div>Phone</div></div><div><div>Address</div><div>Province</div></div><div><div>City</div><div>Postal Code</div></div><div><div>Email</div></div></div><div><div>Prerequisites checked: <input type="checkbox"/></div><div><div>Bronze Cross</div><div>Date Earned: _____</div><div>Location: _____</div></div><div><div>Standard First Aid</div><div>Date Earned: _____</div><div>Location: _____</div></div></div></div></div>																					
<div><div><div><div><div>3</div><div>Name</div></div><div><div>Gender</div><div><input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X</div></div><div><div>D.O.B. (YY/MM/DD)</div><div>Phone</div></div><div><div>Address</div><div>Province</div></div><div><div>City</div><div>Postal Code</div></div><div><div>Email</div></div></div><div><div>Prerequisites checked: <input type="checkbox"/></div><div><div>Bronze Cross</div><div>Date Earned: _____</div><div>Location: _____</div></div><div><div>Standard First Aid</div><div>Date Earned: _____</div><div>Location: _____</div></div></div></div></div>																					

☐ Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

☒ – Satisfactory Performance
X – Fail

Total Pass for Exam ☐ Total Fail for Exam ☐

Invoicing Information	Instructor Information
<div><div>()</div><div>Host name (Affiliate or Organization paying the exam fees)</div><div>Telephone</div></div> <div><div>Street address</div><div>City</div><div>Prov.</div><div>Postal Code</div></div>	<div><div>Instructor's name</div><div>ID#</div></div> <div><div>E-mail address</div><div>()</div><div>Telephone</div><div>Signature</div></div>
<div><div>Exam Information</div><div>Exam Date: _____</div><div>YY MM DD</div><div><div>()</div><div>Facility name (e.g. name of pool)</div><div>Telephone</div></div></div>	<div><div>Individual who examined the candidates</div><div>Same as instructor <input type="checkbox"/> or</div><div><div>Examiner's name</div><div>ID#</div></div><div><div>E-mail address</div><div>()</div><div>Telephone</div><div>Signature</div></div></div> <div><div>Individual who apprenticed on the exam</div><div>Same as instructor <input type="checkbox"/> or</div><div><div>Apprentice's name</div><div>ID#</div></div></div>

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.



Pool

(Revised 2024)

This test sheet for original exam candidates only.

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

*Items are instructor evaluated

Lifeguarding theory & practice	Pool facility analysis	Rescue aid proficiency	Entries & removals	Rescue drill	Underwater swim	Object recovery	Sprint challenge	Endurance challenge	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result
1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12a	12b	
<p>4 Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____</p> <p>Prerequisites checked: <input type="checkbox"/> Bronze Cross Date Earned: _____ Location: _____ Standard First Aid Date Earned: _____ Location: _____</p>																					
<p>5 Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____</p> <p>Prerequisites checked: <input type="checkbox"/> Bronze Cross Date Earned: _____ Location: _____ Standard First Aid Date Earned: _____ Location: _____</p>																					
<p>6 Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____</p> <p>Prerequisites checked: <input type="checkbox"/> Bronze Cross Date Earned: _____ Location: _____ Standard First Aid Date Earned: _____ Location: _____</p>																					

☐ Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

✓ – Satisfactory Performance
X – 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 sheet.

Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

Exam Information

Exam Date: _____
YY MM DD

Individual who examined the candidates

Same as Side 1 ☐ (sign below) or

Examiner's name

ID#

E-mail address

()
Telephone

Signature

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.