



Surf Recertification

(Revised 2024)

*This test sheet for Recertification exam
candidates only.*

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

Use of rescue craft

4

Endurance challenge

5b

Scanning & observation

7b

Mgmt: distressed or drowning victim

9a

Mgmt: submerged, non-breathing victim

9b

Mgmt: spinal-injured victims

9c

Mgmt: injured victim

9d

Lifeguard situations: team

10

Result

1

Name

Gender ☐ M ☐ F ☐ X

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

National Lifeguard Surf Date Earned: _____ Location: _____

2

Name

Gender ☐ M ☐ F ☐ X

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

National Lifeguard Surf Date Earned: _____ Location: _____

3

Name

Gender ☐ M ☐ F ☐ X

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

National Lifeguard Surf Date Earned: _____ Location: _____

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

☒ – 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



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Side 2: Please record each candidate's name
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Use of rescue craft

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Mgmt: spinal-injured victims

9c

Mgmt: injured victim

9d

Lifeguard situations: team

10

Result

4

Name

Gender ☐ M ☐ F ☐ X

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

National Lifeguard Surf Date Earned: _____ Location: _____

5

Name

Gender ☐ M ☐ F ☐ X

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

National Lifeguard Surf Date Earned: _____ Location: _____

6

Name

Gender ☐ M ☐ F ☐ X

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

National Lifeguard Surf Date Earned: _____ Location: _____

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

☒ – 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 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

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.