



Surf Recertification

(Revised 2025)

This test sheet for Recertification exam candidates only.

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

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	

1
Name _____
Gender ☐ M ☐ F
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
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
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 _____	Individual who examined the candidates Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____
Exam Information Exam Date: _____ YY MM DD Facility name (e.g. name of pool) _____ Telephone _____	Individual who apprenticed on the exam Apprentice's name _____ ID# _____



Surf Recertification

(Revised 2025)

*This test sheet for Recertification exam
candidates only.*

Side 2: 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

4

Name

Gender ☐ M ☐ F

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

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

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#

E-mail address

()

Telephone

Signature

Exam Information

Exam Date: _____
YY MM DD

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.