



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Intermediate First Aid with CPR-C & AED (In-person Delivery)

(Revised June 2026)

\*Evaluates knowledge competencies

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

|  | 1                    | 2                                 | 3                                  | 4                       | 5          | 6                                   | 7         | 8                       | 9                     | 10   | 11                    | 12                  | 13                               | 14                      | 15                       | 16                               | 17      |                | Result |  |
|--|----------------------|-----------------------------------|------------------------------------|-------------------------|------------|-------------------------------------|-----------|-------------------------|-----------------------|--|-----------------------|---------------------|----------------------------------|-------------------------|--------------------------|----------------------------------|---------|----------------|--------|--|
|  | First aid principles | Workplace first aid & legislation | Workplace safety & self-protection | Effective communication | Assessment | Care of a person who is unconscious | Transport | Circulatory emergencies | One & Two-rescuer CPR | Obstructed airway: conscious & unconscious | Breathing emergencies | Wounds and injuries | Medical conditions and illnesses | Bone and joint injuries | Head and spinal injuries | Environmental injury and illness | Poisons | Written test * |        |  |
| <b>1</b><br>Name _____<br>D.O.B. (YY/MM/DD) _____ Phone _____<br>Address _____ Province _____<br>City _____ Postal Code _____<br>Email _____ |                      |                                   |                                    |                         |            |                                     |           |                         |                       |  |                       |                     |                                  |                         |                          |                                  |         |                |        |  |
| <b>2</b><br>Name _____<br>D.O.B. (YY/MM/DD) _____ Phone _____<br>Address _____ Province _____<br>City _____ Postal Code _____<br>Email _____ |                      |                                   |                                    |                         |            |                                     |           |                         |                       |  |                       |                     |                                  |                         |                          |                                  |         |                |        |  |
| <b>3</b><br>Name _____<br>D.O.B. (YY/MM/DD) _____ Phone _____<br>Address _____ Province _____<br>City _____ Postal Code _____<br>Email _____ |                      |                                   |                                    |                         |            |                                     |           |                         |                       |  |                       |                     |                                  |                         |                          |                                  |         |                |        |  |
| <b>4</b><br>Name _____<br>D.O.B. (YY/MM/DD) _____ Phone _____<br>Address _____ Province _____<br>City _____ Postal Code _____<br>Email _____ |                      |                                   |                                    |                         |            |                                     |           |                         |                       |  |                       |                     |                                  |                         |                          |                                  |         |                |        |  |

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 \_\_\_\_\_

**Instructor Information**

Instructor'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 examined the candidates** Same as instructor  or

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Signature \_\_\_\_\_

**Individual who apprenticed on the exam** Same as instructor  or

Apprentice's name \_\_\_\_\_ ID# \_\_\_\_\_



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| 1   | 2                                 | 3                                  | 4                       | 5          | 6                                   | 7         | 8                       | 9                     | 10   | 11                    | 12                  | 13                               | 14                      | 15                       | 16                               | 17      | Result         |
|---|-----------------------------------|------------------------------------|-------------------------|------------|-------------------------------------|-----------|-------------------------|-----------------------|--|-----------------------|---------------------|----------------------------------|-------------------------|--------------------------|----------------------------------|---------|----------------|
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| 5<br>Name _____<br>D.O.B. (YY/MM/DD) _____ Phone _____<br>Address _____ Province _____<br>City _____ Postal Code _____<br>Email _____ |                                   |                                    |                         |            |                                     |           |                         |                       |  |                       |                     |                                  |                         |                          |                                  |         |                |
| 6<br>Name _____<br>D.O.B. (YY/MM/DD) _____ Phone _____<br>Address _____ Province _____<br>City _____ Postal Code _____<br>Email _____ |                                   |                                    |                         |            |                                     |           |                         |                       |  |                       |                     |                                  |                         |                          |                                  |         |                |
| 7<br>Name _____<br>D.O.B. (YY/MM/DD) _____ Phone _____<br>Address _____ Province _____<br>City _____ Postal Code _____<br>Email _____ |                                   |                                    |                         |            |                                     |           |                         |                       |  |                       |                     |                                  |                         |                          |                                  |         |                |
| 8<br>Name _____<br>D.O.B. (YY/MM/DD) _____ Phone _____<br>Address _____ Province _____<br>City _____ Postal Code _____<br>Email _____ |                                   |                                    |                         |            |                                     |           |                         |                       |  |                       |                     |                                  |                         |                          |                                  |         |                |

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.

|  |   |
|--|---|
| <p><b>Invoicing Information</b></p> <p>_____</p> <p>Host name (Affiliate or Organization paying the exam fees)</p> | <p><b>Individual who examined the candidates</b> Same as Side 1 <input type="checkbox"/> (sign below) or</p> <p>_____</p> <p>Examiner's name ID#</p> <p>_____</p> <p>E-mail address</p> <p>( )</p> <p>Telephone Signature</p> |
| <p><b>Exam Information</b></p> <p>Exam Date: _____</p> <p>YY MM DD</p>   |   |