



LIFESAVING SOCIETY
The Lifeguarding Experts

CPR-HCP/BLS & AED

(Revised June 2026)

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

	One-rescuer CPR with AED skills: adult, child & infant	Two-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	Rescue Breathing	Use of Bag-Valve-Mask (BVM)	Written test	Result
	1	2	3	4	5	6	7		
1 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
2 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
3 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
4 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ 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 below

Payment Information Exam fees attached Exam fees not attached
Send invoice or receipt to:

Host name (Affiliate) _____ Telephone _____
 Street address _____
 City _____ Prov. _____ Postal Code _____

Instructor information

Instructor's name _____ ID# _____
 E-mail address _____
 Telephone _____ Signature _____

Exam Information Exam is: Original OR Recert

Exam Date: _____
 YY MM DD

Facility name (e.g. name of pool) _____ Telephone _____

This section to be completed by the CPR-HCP/BLS Examiner.

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.



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

	One-rescuer CPR with AED skills: adult, child & infant	Two-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	Rescue Breathing	Use of Bag-Valve-Mask (BVM)	Written test	Result
	1	2	3	4	5	6	7		
5 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
6 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
7 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____									
8 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ 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
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.

Host name (Affiliate) () Telephone Exam Information Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Exam Date: _____ YY MM DD Facility name (e.g., name of pool) () Telephone	Please complete Instructor and Payment information sections on Side 1 of the test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet. This section to be completed by the CPR-HCP/BLS Examiner. Examiner's name _____ ID# _____ E-mail address () Telephone _____ Signature _____
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