



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 *		
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

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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Side 2: 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	Written test *	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 *	Result
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
 – 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 <input type="checkbox"/> (sign below) or _____ Examiner's name ID# _____ E-mail address () Telephone Signature
Exam Information Exam Date: _____ YY MM DD	