



LIFESAVING SOCIETY
The Lifeguarding Experts

Intermediate First Aid with CPR-C & AED Recertification

(Revised June 2026)

*Knowledge competencies, 1–17, evaluated in the written test.

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

Workplace safety & self-protection	Assessment	Care of a person who is unconscious	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	Written Test*	Result
3	5	6	8 a-c	9 a/b	10 a/b	11 a/b	12 a-c	13 a/b	14	15		

1
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Original Intermediate First Aid: _____
Date Obtained: _____
Original certifying agency: _____

2
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Original Intermediate First Aid: _____
Date Obtained: _____
Original certifying agency: _____

3
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Original Intermediate First Aid: _____
Date Obtained: _____
Original certifying agency: _____

4
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Original Intermediate First Aid: _____
Date Obtained: _____
Original certifying agency: _____

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# _____

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.

Workplace safety & self-protection	Assessment	Care of a person who is unconscious	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	Written Test *	Result
3	5	6	8 a-c	9 a/b	10 a/b	11 a/b	12 a-c	13 a/b	14	15		

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 _____

Original Intermediate First Aid: Date Obtained: _____ Original certifying agency: _____											
Original Intermediate First Aid: Date Obtained: _____ Original certifying agency: _____											
Original Intermediate First Aid: Date Obtained: _____ Original certifying agency: _____											
Original Intermediate First Aid: Date Obtained: _____ Original certifying agency: _____											

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) _____

Exam Information

Exam Date: _____
YY MM DD

Individual who examined the candidates Same as Side 1 (sign below) or

Examiner's name _____ ID# _____

E-mail address _____

() _____
Telephone _____ Signature _____