LIFESAVING SOCIETY
The Lifeguarding Experts

Airway Management

(Revised June 2026)

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

Candidate	1 Knowledge	2 Barrier devices	3 Oral airways	4 Oxygen delivery system	5 Oxygen supplementation	6 Manual suction	7 Bag-valve-mask	Result
1 Name D.O.B. (YY/MM/DD) Phone Address Province City Postal Code Email								
	Prerequisites checked: ☐ Standard First Aid Date Earned:______ Location: ______							
2 Name D.O.B. (YY/MM/DD) Phone Address Province City Postal Code Email								
	Prerequisites checked: ☐ Standard First Aid Date Earned:______ Location: ______							
3 Name D.O.B. (YY/MM/DD) Phone Address Province City Postal Code Email								
	Prerequisites checked: ☐ Standard First Aid Date Earned:______ Location: ______							
4 Name D.O.B. (YY/MM/DD) Phone Address Province City Postal Code Email								
	Prerequisites checked: ☐ Standard First Aid 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
X – Fail

Total Pass for Exam ☐ **Total Fail for Exam** ☐

Please complete all sections below

Payment information ☐ Exam fees attached ☐ Exam fees not attached

Host name (Affiliate or Organization paying the exam fees) ( ) Telephone

Street address

City Prov. Postal Code

First Aid Instructor who holds Airway Management

Instructor's name ID#

E-mail address

( ) Telephone Signature

Exam Information

Exam Date: ______
YY MM DD

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

This section to be completed by the First Aid Examiner who holds Airway Management and who evaluated the candidates.

Examiner's name ID# (optional)

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.*

Airway Management

(Revised June 2026)

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

Candidate	Knowledge 1	Barrier devices 2	Oral airways 3	Oxygen delivery system 4	Oxygen supplementation 5	Manual suction 6	Bag-valve-mask 7	Result
5 Name D.O.B. (YY/MM/DD) Phone Address Province City Postal Code Email								
	Prerequisites checked: ☐ Standard First Aid Date Earned:____________ Location: ______________________							
6 Name D.O.B. (YY/MM/DD) Phone Address Province City Postal Code Email								
	Prerequisites checked: ☐ Standard First Aid Date Earned:____________ Location: ______________________							
7 Name D.O.B. (YY/MM/DD) Phone Address Province City Postal Code Email								
	Prerequisites checked: ☐ Standard First Aid Date Earned:____________ Location: ______________________							
8 Name D.O.B. (YY/MM/DD) Phone Address Province City Postal Code Email								
	Prerequisites checked: ☐ Standard First Aid 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
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 or Organization paying the exam fees)

(   )
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.

Exam Information

Exam Date: ______________
YY MM DD

Facility name (e.g., name of pool)

(   )
Telephone

This section to be completed by the First Aid Examiner who holds Airway Management and who evaluated the candidates.

Examiner's name ID# (optional)

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.*