



LIFESAVING SOCIETY
The Lifeguarding Experts

Emergency First Aid with CPR-B (Revised 2014)

Side 1: Please print each candidate's name and contact information legibly.

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13		
1 Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____															
2 Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____															
3 Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____															
4 Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____															
5 Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____															

Check box if there are more candidates on the reverse side of this page.
This test sheet is Page _____ of _____ Pages.

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Exam information

Exam date: ____ YY ____ MM ____ DD
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 Facility name (e.g., name of pool) _____ Telephone _____

Emergency or Standard First Aid Instructor information

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

This section to be completed by the Emergency or Standard First Aid Instructor who examined the candidates.

Name _____ ID# (optional) _____
 E-mail address _____
 Telephone _____ Signature required _____



LIFESAVING SOCIETY
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Emergency First Aid with CPR-B (Revised 2014)

Side 2: Please print each candidate's name and contact information legibly.

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13		
6 Name Address Apt # City Postal Code E-mail Phone															
7 Name Address Apt # City Postal Code E-mail Phone															
8 Name Address Apt # City Postal Code E-mail Phone															
9 Name Address Apt # City Postal Code E-mail Phone															
10 Name Address Apt # City Postal Code E-mail Phone															

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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

Exam is: Original **OR** Recert

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

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Telephone

This section to be completed by the Emergency or Standard First Aid Instructor who examined the candidates.

Name

ID# (optional)

E-mail address

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Telephone

Signature required