



LIFESAVING SOCIETY
The Lifeguarding Experts

Standard First Aid with CPR-C (Revised 2023)

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

Date of birth	Emergency First Aid Award Items	Two-rescuer CPR with AED skills: adult, child and infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result												
	1	2	3	4	5	6	7	8	9	10															
1 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____	Year	Month	Day	Original Standard First Aid: Date earned: _____ Location: _____																					
				2 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____	Year	Month	Day	Original Standard First Aid: Date earned: _____ Location: _____																	
								3 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____	Year	Month	Day	Original Standard First Aid: Date earned: _____ Location: _____													
												4 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____	Year	Month	Day	Original Standard First Aid: Date earned: _____ Location: _____									
																5 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____	Year	Month	Day	Original Standard First Aid: Date earned: _____ Location: _____					

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

- 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 _____

Exam Information

Exam is: Original **OR** Recert

Exam date: _____
YY MM DD

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

Instructor Information

Instructor's name _____ ID# _____

E-mail address _____
()

Telephone _____ Signature _____

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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Standard First Aid with CPR-C (Revised 2023)

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

Date of birth	Emergency First Aid Award Items	Two-rescuer CPR with AED skills: adult, child and infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result
	1	2	3	4	5	6	7	8	9	10			
6 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____ Original Standard First Aid: Date earned: _____ Location: _____													
7 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____ Original Standard First Aid: Date earned: _____ Location: _____													
8 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____ Original Standard First Aid: Date earned: _____ Location: _____													
9 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____ Original Standard First Aid: Date earned: _____ Location: _____													
10 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____ Original Standard First Aid: Date earned: _____ Location: _____													

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

- 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 test sheet.

Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

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

Examiner's name

ID#

Exam Information

Exam is:
 Original OR Recert

Exam date: _____
YY MM DD

E-mail address

(_____) Telephone

Signature