



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Medallion (Revised 2003)

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

Date of birth

Prerequisites checked

Throwing accuracy

Self-rescue

Rescue drill

Defences & releases

Fitness challenge

Endurance challenge

One-rescuer CPR: adult & child

Obstructed airway: conscious

Obstructed airway: unconscious

Circ. Emerg: shock

Circ. Emerg: heart attack or angina

Circ. Emerg: external bleeding

Circ. Emerg: stroke & TIA

Walk, spot & demonstrate

Spinal injury management

Search

Rescue 1: non-contact

Rescue 2: non-breathing victim

Rescue 3: open water

Result

* Items are instructor evaluated

1 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Original: 13 years old **OR** Bronze Star Date earned: Location:

Recert: Bronze Medallion Date earned: Location:

2 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Original: 13 years old **OR** Bronze Star Date earned: Location:

Recert: Bronze Medallion Date earned: Location:

3 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Original: 13 years old **OR** Bronze Star Date earned: Location:

Recert: Bronze Medallion Date earned: Location:

4 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Original: 13 years old **OR** Bronze Star Date earned: Location:

Recert: Bronze Medallion Date earned: Location:

5 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Original: 13 years old **OR** Bronze Star Date earned: Location:

Recert: Bronze Medallion Date earned: Location:

6 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Original: 13 years old **OR** Bronze Star Date earned: Location:

Recert: Bronze Medallion Date earned: Location:

Check box if there are more candidates on the reverse side of this page.

This test sheet is Page of Pages.



- Satisfactory Performance

F - Fail

Total Pass
for Exam

Total Fail
for Exam

Instructor information

Instructor's name ID#

E-mail address
()

Telephone Signature

Awards information Awards issued by affiliate Awards not issued

Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to:

()

Host name (Affiliate) Telephone

Street address

City Prov. Postal code

Exam information

Exam date: YY MM DD Exam is:
☐ Original **OR** ☐ Recert

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

This section to be completed by the Lifesaving Examiner who examined the candidates.

Examiner's name ID#

E-mail address

()

Telephone Signature



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Medallion (Revised 2003)

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

			Date of birth	Prerequisites checked	Prerequisites															Result				
					*1	*2	*3	*4	*5	*6	*7	*8a	*8b	*9a	*9b	*9c	*9d	*10	11		*12	13	14	15
					Throwing accuracy	Self-rescue	Rescue drill	Defences & releases	Fitness challenge	Endurance challenge	One-rescuer CPR: adult & child	Obstructed airway: conscious	Obstructed airway: unconscious	Circ. Emerg: shock	Circ. Emerg: heart attack or angina	Circ. Emerg: external bleeding	Circ. Emerg: stroke & TIA	Walk, spot & demonstrate	Spinal injury management		Search	Rescue 1: non-contact	Rescue 2: non-breathing victim	Rescue 3: open water
7 Name Address City Postal Code E-mail Phone			Year Month Day	Prerequisites: Original: 13 years old OR Bronze Star Date earned: Location: Recert: Bronze Medallion Date earned: Location:																				
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11 Name Address City Postal Code E-mail Phone			Year Month Day	Prerequisites: Original: 13 years old OR Bronze Star Date earned: Location: Recert: Bronze Medallion Date earned: Location:																				
12 Name Address City Postal Code E-mail Phone			Year Month Day	Prerequisites: Original: 13 years old OR Bronze Star Date earned: Location: Recert: Bronze Medallion Date earned: Location:																				

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Check box if there are more candidates on the reverse side of this page.

This test sheet is Page _____ of _____ Pages.



- Satisfactory Performance

F - Fail

Total Pass
for Exam

Total Fail
for Exam

Host name (Affiliate)

Telephone

Please complete Instructor, Awards and Payment information sections on Side 1 of 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: _____ Exam is:
 YY MM DD ☐ Original **OR** ☐ Recert

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

Telephone

This section to be completed by the Lifesaving Examiner who examined the candidates.

Examiner's name

ID#

E-mail address

()
Telephone

Signature