LIFESAVING SOCIETY

The Lifeguarding Experts

Airway Management

(Updated 2014)

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

	Date of birth	Prerequisite	Knowledge	Barrier devices	Oral airways	Oxygen delivery system	Oxygen supplementation	Manual suction	Result
			1	2	3	4	5	6	
1 Name Address Apt # City Postal Code E-mail Phone	Year Month Day								
2 Name Address Apt # City Postal Code E-mail Phone	Year Month Day								
3 Name Address Apt # City Postal Code E-mail Phone	Year Month Day								
4 Name Address Apt # City Postal Code E-mail Phone	Year Month Day								
5 Name Address Apt # City Postal Code E-mail Phone	Year Month Day								

☐ ***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** ☐

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

Airway Management Instructor information

Instructor's name ID#

E-mail address

( ) Telephone Signature required

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

Name ID# (optional)

E-mail address

( ) Telephone Signature required

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.*

LIFESAVING SOCIETY
The Lifeguarding Experts

Airway Management

(Updated 2014)

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

	Date of birth	Prerequisite	Knowledge 1	Barrier devices 2	Oral airways 3	Oxygen delivery system 4	Oxygen supplementation 5	Manual suction 6	Result
6 Name Address Apt # City Postal Code E-mail Phone	Year Month Day								
7 Name Address Apt # City Postal Code E-mail Phone	Year Month Day								
8 Name Address Apt # City Postal Code E-mail Phone	Year Month Day								
9 Name Address Apt # City Postal Code E-mail Phone	Year Month Day								
10 Name Address Apt # City Postal Code E-mail Phone	Year Month Day								

☐ ***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 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)

( ) Telephone

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

Name ID# (optional)

E-mail address

( ) Telephone

Signature required

*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.*