



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross (Revised 2003)

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

			Date of birth	Prerequisites checked															Result
				*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13	
1 Name: _____ Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____			Year: _____ Month: _____ Day: _____	* Items are instructor evaluated															
2 Name: _____ Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____			Year: _____ Month: _____ Day: _____																
3 Name: _____ Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____			Year: _____ Month: _____ Day: _____																
4 Name: _____ Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____			Year: _____ Month: _____ Day: _____																
5 Name: _____ Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____			Year: _____ Month: _____ Day: _____																
6 Name: _____ Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____			Year: _____ Month: _____ Day: _____																

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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

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: _____ Exam is: ☐ Original **OR** ☐ Recert
YY MM DD
() _____
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 Cross (Revised 2003)

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

			Date of birth	Prerequisites checked																	
				*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13	*14	15	Result
				Rescue drill	Fitness challenge	Endurance challenge	First aid assessment	One-rescuer CPR	Two-rescuer CPR	Obstructed airway: conscious adult or child	Obstructed airway: conscious infant	Obstructed airway: unconscious victim	Hypothermia	Walk, spot & evaluate	Spinal injury management	Team search	Rescue 1: multiple victims	Rescue 2: submerged victim	Rescue 3: two rescuers	Rescue 4: injured victim	
				* Items are instructor evaluated																	
7																					
Name			Year																		
Address																					
City Postal Code			Month																		
E-mail Phone			Day																		
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross Date earned: Location:																	
8																					
Name			Year																		
Address																					
City Postal Code			Month																		
E-mail Phone			Day																		
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross Date earned: Location:																	
9																					
Name			Year																		
Address																					
City Postal Code			Month																		
E-mail Phone			Day																		
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross Date earned: Location:																	
10																					
Name			Year																		
Address																					
City Postal Code			Month																		
E-mail Phone			Day																		
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross Date earned: Location:																	
11																					
Name			Year																		
Address																					
City Postal Code			Month																		
E-mail Phone			Day																		
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross Date earned: Location:																	
12																					
Name			Year																		
Address																					
City Postal Code			Month																		
E-mail Phone			Day																		
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross 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 is:

Exam date: ____ 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