



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																	
				*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																	
<b>1</b>																					
Name			Year																		
Address																					
City			Month																		
Postal Code																					
E-mail			Day																		
Phone																					
				<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: <b>Recert:</b> Bronze Cross Date earned: Location:																	
<b>2</b>																					
Name			Year																		
Address																					
City			Month																		
Postal Code																					
E-mail			Day																		
Phone																					
				<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: <b>Recert:</b> Bronze Cross Date earned: Location:																	
<b>3</b>																					
Name			Year																		
Address																					
City			Month																		
Postal Code																					
E-mail			Day																		
Phone																					
				<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: <b>Recert:</b> Bronze Cross Date earned: Location:																	
<b>4</b>																					
Name			Year																		
Address																					
City			Month																		
Postal Code																					
E-mail			Day																		
Phone																					
				<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: <b>Recert:</b> Bronze Cross Date earned: Location:																	
<b>5</b>																					
Name			Year																		
Address																					
City			Month																		
Postal Code																					
E-mail			Day																		
Phone																					
				<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: <b>Recert:</b> Bronze Cross Date earned: Location:																	
<b>6</b>																					
Name			Year																		
Address																					
City			Month																		
Postal Code																					
E-mail			Day																		
Phone																					
				<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: <b>Recert:</b> Bronze Cross 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 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																	
<b>7</b>	Name	Year																			
	Address	Month																			
	City	Postal Code		<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		<b>Prereq.:</b> Original: Emergency 1st Aid Date earned: Location:																	
		Day		<b>Recert:</b> Bronze Cross Date earned: Location:																	
<b>8</b>	Name	Year																			
	Address	Month																			
	City	Postal Code		<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		<b>Prereq.:</b> Original: Emergency 1st Aid Date earned: Location:																	
		Day		<b>Recert:</b> Bronze Cross Date earned: Location:																	
<b>9</b>	Name	Year																			
	Address	Month																			
	City	Postal Code		<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		<b>Prereq.:</b> Original: Emergency 1st Aid Date earned: Location:																	
		Day		<b>Recert:</b> Bronze Cross Date earned: Location:																	
<b>10</b>	Name	Year																			
	Address	Month																			
	City	Postal Code		<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		<b>Prereq.:</b> Original: Emergency 1st Aid Date earned: Location:																	
		Day		<b>Recert:</b> Bronze Cross Date earned: Location:																	
<b>11</b>	Name	Year																			
	Address	Month																			
	City	Postal Code		<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		<b>Prereq.:</b> Original: Emergency 1st Aid Date earned: Location:																	
		Day		<b>Recert:</b> Bronze Cross Date earned: Location:																	
<b>12</b>	Name	Year																			
	Address	Month																			
	City	Postal Code		<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		<b>Prereq.:</b> Original: Emergency 1st Aid Date earned: Location:																	
		Day		<b>Recert:</b> 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