



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	*14	15	
				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																					
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross Date earned: Location:																	
<b>2</b>																					
Name			Year																		
Address																					
City			Month																		
Postal Code																					
E-mail			Day																		
Phone																					
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross Date earned: Location:																	
<b>3</b>																					
Name			Year																		
Address																					
City			Month																		
Postal Code																					
E-mail			Day																		
Phone																					
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross Date earned: Location:																	
<b>4</b>																					
Name			Year																		
Address																					
City			Month																		
Postal Code																					
E-mail			Day																		
Phone																					
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross Date earned: Location:																	
<b>5</b>																					
Name			Year																		
Address																					
City			Month																		
Postal Code																					
E-mail			Day																		
Phone																					
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross Date earned: Location:																	
<b>6</b>																					
Name			Year																		
Address																					
City			Month																		
Postal Code																					
E-mail			Day																		
Phone																					
				Prereq.: Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: Recert: Bronze Cross Date earned: Location:																	

☐ Check box if there are more candidates on the reverse side of this page. ☒ - Satisfactory Performance ☐ - Fail

This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

Total Pass for Exam  Total Fail for Exam

<b>Instructor information</b> Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____		<b>Exam information</b> Exam date: ____ YY ____ MM ____ DD Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____	
<b>Awards information</b> <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued		<b>This section to be completed by the Lifesaving Examiner who examined the candidates.</b> Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	
<b>Payment information</b> <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: _____ Host name (Affiliate) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____			



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															Result		
				*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13		*14	15
				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	<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
	City Postal Code	Day	<b>Recert:</b> Bronze Cross Date earned: Location:																		
	E-mail Phone																				
<b>8</b>	Name	Year																			
	Address	Month	<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
	City Postal Code	Day	<b>Recert:</b> Bronze Cross Date earned: Location:																		
	E-mail Phone																				
<b>9</b>	Name	Year																			
	Address	Month	<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
	City Postal Code	Day	<b>Recert:</b> Bronze Cross Date earned: Location:																		
	E-mail Phone																				
<b>10</b>	Name	Year																			
	Address	Month	<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
	City Postal Code	Day	<b>Recert:</b> Bronze Cross Date earned: Location:																		
	E-mail Phone																				
<b>11</b>	Name	Year																			
	Address	Month	<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
	City Postal Code	Day	<b>Recert:</b> Bronze Cross Date earned: Location:																		
	E-mail Phone																				
<b>12</b>	Name	Year																			
	Address	Month	<b>Prereq.:</b> Original: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
	City Postal Code	Day	<b>Recert:</b> Bronze Cross Date earned: Location:																		
	E-mail Phone																				

☐

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