



Pool

Revised 2012

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

Gender

Date of birth

Prerequisites checked

Lifeguarding theory & practice

Object recovery †

Underwater swim

Sprint challenge †

Rescue drill

Endurance challenge †

Approach & carry

Pool facility analysis

Lifeguard communication

Scanning & observation

Positioning & rotation

Intervention

Entries & removals

Specialized techniques

Missing person

Mgmt: distressed or drowning victim †

Mgmt: submerged, non-breathing victim †

Mgmt: spinal-injured victim †

Mgmt: injured swimmer †

Lifeguarding situations †

Result

* Items are instructor-evaluated

† Items are mandatory during recert

1
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: Date earned: Location:

2
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: Date earned: Location:

3
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: Date earned: Location:

4
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: Date earned: Location:

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

This test sheet is Page _____ of _____ Pages



- Satisfactory Performance



- Fail

Total Pass for Exam

Total Fail for Exam

Instructor information

Instructor's name ID#
E-mail address
Telephone Signature

Exam information

Exam is:
Exam date: YY MM DD Original OR Recert
Facility name (e.g., name of pool) Telephone

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

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

Examiner's name ID#

E-mail address

Telephone Signature



Pool

Revised 2012

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

Gender

Date of birth

Prerequisites checked

Lifeguarding theory & practice

Object recovery †

Underwater swim

Sprint challenge †

Rescue drill

Endurance challenge †

Approach & carry

Pool facility analysis

Lifeguard communication

Scanning & observation

Positioning & rotation

Intervention

Entries & removals

Specialized techniques

Missing person

Mgmt: distressed or drowning victim †

Mgmt: submerged, non-breathing victim †

Mgmt: spinal-injured victim †

Mgmt: injured swimmer †

Lifeguarding situations †

Result

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5
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: Date earned: Location:

6
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: Date earned: Location:

7
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: Date earned: Location:

8
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: Location: Recert: Date earned: Location:

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

This test sheet is Page _____ of _____ Pages

☒ - Satisfactory Performance

☐ - 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 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 is:

Exam date: YY MM DD

☐ Original OR ☐ Recert

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

Telephone

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

Examiner's name

ID#

E-mail address

Telephone

Signature