



LIFESAVING SOCIETY  
The Lifeguarding Experts

## Bronze Medallion (Revised 2003)

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

Date of birth

Prerequisites checked

Throwing accuracy

Self-rescue

Rescue drill

Defences & releases

Fitness challenge

Endurance challenge

One-rescuer CPR: adult & child

Obstructed airway: conscious

Obstructed airway: unconscious

Circ. Emerg: shock

Circ. Emerg: heart attack or angina

Circ. Emerg: external bleeding

Circ. Emerg: stroke & TIA

Walk, spot & demonstrate

Spinal injury management

Search

Rescue 1: non-contact

Rescue 2: non-breathing victim

Rescue 3: open water

Result

\* Items are instructor evaluated

**1**  
Name .....

Address .....

City ..... Postal Code .....

E-mail ..... Phone .....

**2**  
Name .....

Address .....

City ..... Postal Code .....

E-mail ..... Phone .....

**3**  
Name .....

Address .....

City ..... Postal Code .....

E-mail ..... Phone .....

**4**  
Name .....

Address .....

City ..... Postal Code .....

E-mail ..... Phone .....

**5**  
Name .....

Address .....

City ..... Postal Code .....

E-mail ..... Phone .....

**6**  
Name .....

Address .....

City ..... Postal Code .....

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

### 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 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



LIFESAVING SOCIETY  
The Lifeguarding Experts

## Bronze Medallion (Revised 2003)

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

			Date of birth	Prerequisites checked	Throwing accuracy	Self-rescue	Rescue drill	Defences & releases	Fitness challenge	Endurance challenge	One-rescuer CPR: adult & child	Obstructed airway: conscious	Obstructed airway: unconscious	Circ. Emerg: shock	Circ. Emerg: heart attack or angina	Circ. Emerg: external bleeding	Circ. Emerg: stroke & TIA	Walk, spot & demonstrate	Spinal injury management	Search	Rescue 1: non-contact	Rescue 2: non-breathing victim	Rescue 3: open water	Result
					*1	*2	*3	*4	*5	*6	*7	*8a	*8b	*9a	*9b	*9c	*9d	*10	11	*12	13	14	15	
<b>7</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year ..... Month ..... Day .....	Prerequisites: Original: 13 years old <b>OR</b> Bronze Star Date earned: ..... Location: ..... Recert: Bronze Medallion Date earned: ..... Location: .....																				
<b>8</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year ..... Month ..... Day .....	Prerequisites: Original: 13 years old <b>OR</b> Bronze Star Date earned: ..... Location: ..... Recert: Bronze Medallion Date earned: ..... Location: .....																				
<b>9</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year ..... Month ..... Day .....	Prerequisites: Original: 13 years old <b>OR</b> Bronze Star Date earned: ..... Location: ..... Recert: Bronze Medallion Date earned: ..... Location: .....																				
<b>10</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year ..... Month ..... Day .....	Prerequisites: Original: 13 years old <b>OR</b> Bronze Star Date earned: ..... Location: ..... Recert: Bronze Medallion Date earned: ..... Location: .....																				
<b>11</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year ..... Month ..... Day .....	Prerequisites: Original: 13 years old <b>OR</b> Bronze Star Date earned: ..... Location: ..... Recert: Bronze Medallion Date earned: ..... Location: .....																				
<b>12</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year ..... Month ..... Day .....	Prerequisites: Original: 13 years old <b>OR</b> Bronze Star Date earned: ..... Location: ..... Recert: Bronze Medallion 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

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 date: \_\_\_\_\_ Exam is:  
 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