



LIFESAVING SOCIETY
The Lifeguarding Experts

Standard First Aid with CPR-C (Revised 2014)

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

Date of birth	Emergency First Aid Award Items	Two-rescuer CPR with AED skills: adult, child and infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result
	1	2	3	4	5	6	7	8	9	10			
1													
Name													
Address Apt #													
City Postal Code													
E-mail													
Phone													
	Original Standard First Aid: Date earned: _____ Location: _____												
2													
Name													
Address Apt #													
City Postal Code													
E-mail													
Phone													
	Original Standard First Aid: Date earned: _____ Location: _____												
3													
Name													
Address Apt #													
City Postal Code													
E-mail													
Phone													
	Original Standard First Aid: Date earned: _____ Location: _____												
4													
Name													
Address Apt #													
City Postal Code													
E-mail													
Phone													
	Original Standard First Aid: Date earned: _____ Location: _____												
5													
Name													
Address Apt #													
City Postal Code													
E-mail													
Phone													
	Original Standard First Aid: 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

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

First Aid Instructor information

Instructor's name

ID#

E-mail address

()

Telephone

Signature required

This section to be completed by the Standard First Aid Examiner who examined the candidates.

Name

ID# (optional)

E-mail address

()

Telephone

Signature required



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The Lifeguarding Experts

Standard First Aid with CPR-C (Revised 2014)

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

		Date of birth	Emergency First Aid Award Items	Two-rescuer CPR with AED skills: adult, child and infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result	
				1	2	3	4	5	6	7	8	9	10			
6	Name	<div>Year</div> <div>Month</div> <div>Day</div>														
	Address Apt #															
	City Postal Code															
	E-mail															
	Phone		Original Standard First Aid: Date earned: _____ Location: _____													
7	Name	<div>Year</div> <div>Month</div> <div>Day</div>														
	Address Apt #															
	City Postal Code															
	E-mail															
	Phone		Original Standard First Aid: Date earned: _____ Location: _____													
8	Name	<div>Year</div> <div>Month</div> <div>Day</div>														
	Address Apt #															
	City Postal Code															
	E-mail															
	Phone		Original Standard First Aid: Date earned: _____ Location: _____													
9	Name	<div>Year</div> <div>Month</div> <div>Day</div>														
	Address Apt #															
	City Postal Code															
	E-mail															
	Phone		Original Standard First Aid: Date earned: _____ Location: _____													
10	Name	<div>Year</div> <div>Month</div> <div>Day</div>														
	Address Apt #															
	City Postal Code															
	E-mail															
	Phone		Original Standard First Aid: 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 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 date: YY MM DD

Exam is:

☐ Original **OR** ☐ Recert

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

()

Telephone

This section to be completed by the Standard First Aid Examiner who examined the candidates.

Name

ID# (optional)

E-mail address

()

Telephone

Signature required