



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																	
1	Name	Year																			
	Address																				
	City	Postal Code	Month	Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone	Day	Recert: Bronze Cross Date earned: Location:																	
2	Name	Year																			
	Address																				
	City	Postal Code	Month	Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone	Day	Recert: Bronze Cross Date earned: Location:																	
3	Name	Year																			
	Address																				
	City	Postal Code	Month	Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone	Day	Recert: Bronze Cross Date earned: Location:																	
4	Name	Year																			
	Address																				
	City	Postal Code	Month	Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone	Day	Recert: Bronze Cross Date earned: Location:																	
5	Name	Year																			
	Address																				
	City	Postal Code	Month	Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone	Day	Recert: Bronze Cross Date earned: Location:																	
6	Name	Year																			
	Address																				
	City	Postal Code	Month	Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone	Day	Recert: Bronze Cross Date earned: Location:																	

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

This test sheet is Page _____ of _____ Pages.

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



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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	
7	Name	Year																			
	Address	Month																			
	City	Postal Code		Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		Prereq.: Original: Emergency 1st Aid Date earned: Location:																	
				Recert: Bronze Cross Date earned: Location:																	
8	Name	Year																			
	Address	Month																			
	City	Postal Code		Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		Prereq.: Original: Emergency 1st Aid Date earned: Location:																	
				Recert: Bronze Cross Date earned: Location:																	
9	Name	Year																			
	Address	Month																			
	City	Postal Code		Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		Prereq.: Original: Emergency 1st Aid Date earned: Location:																	
				Recert: Bronze Cross Date earned: Location:																	
10	Name	Year																			
	Address	Month																			
	City	Postal Code		Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		Prereq.: Original: Emergency 1st Aid Date earned: Location:																	
				Recert: Bronze Cross Date earned: Location:																	
11	Name	Year																			
	Address	Month																			
	City	Postal Code		Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		Prereq.: Original: Emergency 1st Aid Date earned: Location:																	
				Recert: Bronze Cross Date earned: Location:																	
12	Name	Year																			
	Address	Month																			
	City	Postal Code		Prereq.: Original: Bronze Medallion Date earned: Location:																	
	E-mail	Phone		Prereq.: Original: 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
 Total Pass for Exam
 Total Fail for Exam

This test sheet is Page _____ of _____ Pages.

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: _____ YY MM DD Facility name (e.g., name of pool) _____ Telephone _____
	Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert
	This section to be completed by the Lifesaving Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____
	() Telephone _____