



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Emergency First Aid with CPR-B (Revised 2014)

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

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13		
<b>1</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....															
<b>2</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....															
<b>3</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....															
<b>4</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....															
<b>5</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....															

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

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Satisfactory Performance

**F** - Fail

Total Pass  
for Exam

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for Exam

## Payment information

☐

Exam fees attached

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Exam fees not attached

Send invoice or receipt to:

( )

Host name (Affiliate)

Telephone

Street address

City

Prov.

Postal code

## Exam information

Exam date: YY MM DD

Exam is:

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Original

**OR**

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Recert

( )

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

Telephone

## Emergency or Standard First Aid Instructor information

Instructor's name

ID#

E-mail address

( )

Telephone

Signature required

**This section to be completed by the Emergency or Standard First Aid Instructor  
who examined the candidates.**

Name

ID# (optional)

E-mail address

( )

Telephone

Signature required



LIFESAVING SOCIETY  
The Lifeguarding Experts

## Emergency First Aid with CPR-B (Revised 2014)

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

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13		
<b>6</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year Month Day															
<b>7</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year Month Day															
<b>8</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year Month Day															
<b>9</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year Month Day															
<b>10</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year Month Day															

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

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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 Emergency or Standard First Aid Instructor who examined the candidates.**

Name

ID# (optional)

E-mail address

( )

Telephone

Signature required