



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

<b>1</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>2</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>3</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>4</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>5</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>6</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: .....

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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 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 .....



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															Result				
				*1	*2	*3	*4	*5	*6	*7	*8a	*8b	*9a	*9b	*9c	*9d	*10	11		*12	13	14	15
				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
				* Items are instructor evaluated																			
<b>7</b>	Name	Year																					
	Address	Month	Prerequisites:																				
	City	Postal Code	Original: 13 years old <b>OR</b> Bronze Star Date earned: Location:																				
	E-mail	Phone	Recert: Bronze Medallion Date earned: Location:																				
<b>8</b>	Name	Year																					
	Address	Month	Prerequisites:																				
	City	Postal Code	Original: 13 years old <b>OR</b> Bronze Star Date earned: Location:																				
	E-mail	Phone	Recert: Bronze Medallion Date earned: Location:																				
<b>9</b>	Name	Year																					
	Address	Month	Prerequisites:																				
	City	Postal Code	Original: 13 years old <b>OR</b> Bronze Star Date earned: Location:																				
	E-mail	Phone	Recert: Bronze Medallion Date earned: Location:																				
<b>10</b>	Name	Year																					
	Address	Month	Prerequisites:																				
	City	Postal Code	Original: 13 years old <b>OR</b> Bronze Star Date earned: Location:																				
	E-mail	Phone	Recert: Bronze Medallion Date earned: Location:																				
<b>11</b>	Name	Year																					
	Address	Month	Prerequisites:																				
	City	Postal Code	Original: 13 years old <b>OR</b> Bronze Star Date earned: Location:																				
	E-mail	Phone	Recert: Bronze Medallion Date earned: Location:																				
<b>12</b>	Name	Year																					
	Address	Month	Prerequisites:																				
	City	Postal Code	Original: 13 years old <b>OR</b> Bronze Star Date earned: Location:																				
	E-mail	Phone	Recert: Bronze Medallion Date earned: Location:																				

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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 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