



LIFESAVING SOCIETY

The Lifeguarding Experts

Airway Management

(Revised 2022)

Side 2: Please record each candidate's name and contact information accurately.

Prerequisite	Knowledge							Result
	1	2	3	4	5	6	7	
6 Name								
Address	Apt #	Year						
City	Postal Code	Month						
E-mail		Day						
Phone								
7 Name								
Address	Apt #	Year						
City	Postal Code	Month						
E-mail		Day						
Phone								
8 Name								
Address	Apt #	Year						
City	Postal Code	Month						
E-mail		Day						
Phone								
9 Name								
Address	Apt #	Year						
City	Postal Code	Month						
E-mail		Day						
Phone								
10 Name								
Address	Apt #	Year						
City	Postal Code	Month						
E-mail		Day						
Phone								

Check box if there are more candidates on the reverse side of this page.
 This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance

X - 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
 Facility name (e.g., name of pool)
 ()
 Telephone

This section to be completed by the First Aid Examiner who holds Airway Management and who evaluated the candidates.

Name	ID# (optional)
E-mail address () Telephone	Signature required