



LIFESAVING SOCIETY

The Lifeguarding Experts

Bronze Medallion

(Revised 2020)

This test sheet for original exam candidates only.

Side 1: Please record each candidate's name, and contact information accurately.

Prerequisites checked	Result
1* The Lifesaving Society	
2* Drowning Chain of Survival	
3* Rescue process	
4* Cold water	
5* Self-rescue	
6* Swimming and lifesaving strokes	
7* Victim recognition	
8* Entries and removals	
9* Defences and releases	
10* Tows and carries	
11* Search	
12* Submerged victim recovery	
13* Drowning resuscitation	
14* Rescue drill: approach and carry	
15* Endurance challenge – 400 m or yd.	
16* Risk assessment and response	
17 Rescues 1: from land	
18 Rescues 2: open water	
19 Rescues 3: non-breathing victim	

* Items are instructor evaluated

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**

Invoicing Information			Instructor Information		
()					
Host name (Affiliate or Organization paying the exam fees)		Telephone	Instructor's name		ID#
Street address			E-mail address ()		
			Telephone		Signature
City Prov. Postal code			Individual who examined the candidates		Same as Instructor <input type="checkbox"/> or
			Examiner's name		ID#
Exam Information			E-mail address ()		
Exam date:			Telephone		Signature
YY MM DD					
()			Individual who apprenticed on the exam		Same as Instructor <input type="checkbox"/> or
Facility name (e.g., name of pool)			Apprentice's name		ID#
Telephone					



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

Date of birth

Prerequisites checked																		
* Items are instructor evaluated																		
1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15*	16*	17	18	19
The Lifesaving Society	Drowning Chain of Survival	Rescue process	Cold water	Self-rescue	Swimming and lifesaving strokes	Victim recognition	Entries and removals	Defences and releases	Tows and carries	Search	Submerged victim recovery	Drowning resuscitation	Rescue drill: approach and carry	Endurance challenge – 400 m or yd.	Risk assessment and response	Rescue 1: from land	Rescue 2: open water	Rescue 3: non-breathing victim

Result

7 Name.....	Year.....	Prerequisites:																	
Address.....	Month.....	13 years old OR Bronze Star Date earned: _____ Location: _____																	
City.....	Postal.Code.....																		
E-mail.....	Phone.....																		
8 Name.....	Year.....	Prerequisites:																	
Address.....	Month.....	13 years old OR Bronze Star Date earned: _____ Location: _____																	
City.....	Postal.Code.....																		
E-mail.....	Phone.....																		
9 Name.....	Year.....	Prerequisites:																	
Address.....	Month.....	13 years old OR Bronze Star Date earned: _____ Location: _____																	
City.....	Postal.Code.....																		
E-mail.....	Phone.....																		
10 Name.....	Year.....	Prerequisites:																	
Address.....	Month.....	13 years old OR Bronze Star Date earned: _____ Location: _____																	
City.....	Postal.Code.....																		
E-mail.....	Phone.....																		
11 Name.....	Year.....	Prerequisites:																	
Address.....	Month.....	13 years old OR Bronze Star Date earned: _____ Location: _____																	
City.....	Postal.Code.....																		
E-mail.....	Phone.....																		
12 Name.....	Year.....	Prerequisites:																	
Address.....	Month.....	13 years old OR Bronze Star Date earned: _____ Location: _____																	
City.....	Postal.Code.....																		
E-mail.....	Phone.....																		
13 Name.....	Year.....	Prerequisites:																	
Address.....	Month.....	13 years old OR Bronze Star Date earned: _____ Location: _____																	
City.....	Postal.Code.....																		
E-mail.....	Phone.....																		

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

This is Page _____ of _____ Pages.

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

Invoicing Information										Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or								
Host name (Affiliate or Organization paying the exam fees)										Examiner's name _____ ID# _____								
Exam Information										E-mail address _____								
Exam date: _____ YY MM DD										(_____) Telephone _____ Signature _____								