



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.

Date of birth

Prerequisites checked

| 1*                     | 2*                         | 3*             | 4*         | 5*          | 6*                              | 7*                 | 8*                   | 9*                    | 10*              | 11*    | 12*                       | 13*                    | 14*                              | 15*                                | 16*                          | 17                  | 18                   | 19                             | Result |
|------------------------|----------------------------|----------------|------------|-------------|---------------------------------|--------------------|----------------------|-----------------------|------------------|--------|---------------------------|------------------------|----------------------------------|------------------------------------|------------------------------|---------------------|----------------------|--------------------------------|--------|
| 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 |        |

\* Items are instructor evaluated

|   |                                     |   |
|---|-------------------------------------|---|
| <b>1</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |
| <b>2</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |
| <b>3</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |
| <b>4</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |
| <b>5</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |
| <b>6</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |

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

This is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.



- Satisfactory Performance



- Fail

Total Pass  
for Exam

Total Fail  
for Exam

## Invoicing Information

Host name (Affiliate or Organization paying the exam fees) ( ) Telephone  
 Street address  
 City Prov. Postal code

## Exam Information

Exam date: YY MM DD  
 Facility name (e.g., name of pool) Telephone

## Instructor Information

Instructor's name ID#  
 E-mail address ( )  
 Telephone Signature  
**Individual who examined the candidates** Same as Instructor ☐ or  
 Examiner's name ID#  
 E-mail address ( )  
 Telephone Signature  
**Individual who apprenticed on the exam** Same as Instructor ☐ or  
 Apprentice's name ID#



LIFESAVING SOCIETY

The Lifeguarding Experts

# Bronze Medallion

(Revised 2020)

*This test sheet for original exam candidates only.*

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

Date of birth

Prerequisites checked

| 1*                     | 2*                         | 3*             | 4*         | 5*          | 6*                              | 7*                 | 8*                   | 9*                    | 10*              | 11*    | 12*                       | 13*                    | 14*                              | 15*                                | 16*                          | 17                  | 18                   | 19                             | Result |
|------------------------|----------------------------|----------------|------------|-------------|---------------------------------|--------------------|----------------------|-----------------------|------------------|--------|---------------------------|------------------------|----------------------------------|------------------------------------|------------------------------|---------------------|----------------------|--------------------------------|--------|
| 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 |        |

\* Items are instructor evaluated

|  |                                     |   |
|--|-------------------------------------|---|
| <b>7</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone.....  | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |
| <b>8</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone.....  | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |
| <b>9</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone.....  | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |
| <b>10</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |
| <b>11</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |
| <b>12</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |
| <b>13</b><br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....<br>Month.....<br>Day..... | Prerequisites:<br>13 years old <b>OR</b> Bronze Star Date earned:..... Location:..... |

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|---|--|--|--|
| <input type="checkbox"/> Check box if there are more candidates on the reverse side of this page.<br>This is Page ____ of ____ Pages. | <input checked="" type="checkbox"/> - Satisfactory Performance <input type="checkbox"/> - Fail | Total Pass for Exam <input type="text"/> | Total Fail for Exam <input type="text"/> |
|---|--|--|--|

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.

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

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. Retain one copy for your records. Do not send cash by mail.