



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 & infantObstructed airway:
conscious adult, child & infantObstructed airway:
unconscious adult, child & infant

Management of bystanders

Respiratory emergencies

Circulatory emergencies: shock,
heart attack/angina, ext. bleeding, strokeWounds: abdominal injury,
burn injury, facial injury

Care of unconscious victim

Written test

Result

| | | | | | | | | | | | | | | | | |
|--------------------------------------------------------|------------------------------|--------------|---|---|---|---|---|---|---|---|---|----|----|----|----|--|
| 1 Name Address City E-mail Phone | Year Apt # Postal Code | Month Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| 2 Name Address City E-mail Phone | Year Apt # Postal Code | Month Day | | | | | | | | | | | | | | |
| 3 Name Address City E-mail Phone | Year Apt # Postal Code | Month Day | | | | | | | | | | | | | | |
| 4 Name Address City E-mail Phone | Year Apt # Postal Code | Month Day | | | | | | | | | | | | | | |
| 5 Name Address City E-mail Phone | Year Apt # Postal Code | Month Day | | | | | | | | | | | | | | |

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

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: YY MM DD

Exam is:

 Original OR 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 | Test Results | | | | | | | | | | | | | |
|----|---------------|--------------------|---------------------------------|-----------------|---------------------------------|------------|-----------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|--------------------------|-------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------|--------------|
| | | 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 |
| 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 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

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

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

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