



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																			Result
The Lifesaving Society Drowning Chain of Survival																			Result
1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15*	16*	17	18	19	

* Items are instructor evaluated

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

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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 () Signature

Telephone

Individual who examined the candidates Same as Instructor or

Examiner's name ID#

E-mail address () Signature

Telephone

Individual who apprenticed on the exam Same as Instructor or

Apprentice's name ID#



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

Date of birth	Perequisite	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15*	16*	17	18	19	Result
	The I	Drow	Resc	Cold	Self-f	Swim	Victim	Entrin	Defere	Tows	Searin	Subm	Drow	Resc	Endur	Risk	Resc	Resc	Resc	*	

* Items are instructor evaluated

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

 - Satisfactory Performance

X - Fail

Total Pass for Exam

Total Fail for Exam

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