



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

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

☐ 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

This is Page _____ of _____ Pages.

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



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

<input type="checkbox"/> Check box if there are more candidates on the reverse side of this page. 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"/>
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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

Host name (Affiliate or Organization paying the exam fees)

Exam Information

Exam date: ____ YY ____ MM ____ DD

Individual who examined the candidates

Same as Side 1 ☐ (sign below) or

Examiner's name

ID#

E-mail address

()

Telephone

Signature