



LIFESAVING SOCIETY

The Lifeguarding Experts

Airway Management

(Revised 2022)

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

| Prerequisite | Knowledge | Barrier devices | Oral airways | Oxygen delivery system | Oxygen supplementation | Manual suction | Bag-valve-mask | Result |
|--------------------------------------------------|-----------|-----------------|--------------|------------------------|------------------------|----------------|----------------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 6 Name Address City E-mail Phone | Year | | | | | | | |
| 7 Name Address City E-mail Phone | Year | | | | | | | |
| 8 Name Address City E-mail Phone | Year | | | | | | | |
| 9 Name Address City E-mail Phone | Year | | | | | | | |
| 10 Name Address City E-mail Phone | Year | | | | | | | |

Check box if there are more candidates on the reverse side of this page.
 This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance

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

This section to be completed by the First Aid Examiner who holds Airway Management and who evaluated the candidates.

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