National Lifeguard

Pool
Revised 2022

This test sheet is for original exam candidates only.

Side 1: Please record each candidate's name and contact information accurately.

Column headers (evaluated items):

#	Item
1*	Lifeguarding theory & practice
2*	Pool facility analysis
3*	Rescue aid proficiency
4*	Entries & removals
5*	Rescue drill
6a*	Underwater swim
6b*	Object recovery
6c*	Sprint challenge
6d*	Endurance challenge
7*	Lifeguard communication
8a*	Positioning & rotation
8b*	Scanning & observation
8c*	Prevention & intervention
9*	Specialized techniques
10*	Missing person
11a*	Mgmt: distressed or drowning victim
11b*	Mgmt: submerged, non-breathing victim
11c*	Mgmt: spinal-injured victims
11d*	Mgmt: injured victim
12a	Lifeguard situation: single guard
12b	Lifeguard situations: team
	Result

Items are instructor-evaluated

Gender: M / F / X
Date of birth: Year / Month / Day

Candidate 1
Last name _____
First name _____
Address _____
City ___ Prov. ___ Postal Code ___
E-mail _____
Phone _____

Prerequisites
Bronze Cross   Date earned: _____   Location: _____
Standard 1st Aid   Date earned: _____   Location: _____

Candidate 2
Last name _____
First name _____
Address _____
City ___ Prov. ___ Postal Code ___
E-mail _____
Phone _____

Prerequisites
Bronze Cross   Date earned: _____   Location: _____
Standard 1st Aid   Date earned: _____   Location: _____

Candidate 3
Last name _____
First name _____
Address _____
City ___ Prov. ___ Postal Code ___
E-mail _____
Phone _____

Prerequisites
Bronze Cross   Date earned: _____   Location: _____
Standard 1st Aid   Date earned: _____   Location: _____

Candidate 4
Last name _____
First name _____
Address _____
City ___ Prov. ___ Postal Code ___
E-mail _____
Phone _____

Prerequisites
Bronze Cross   Date earned: _____   Location: _____
Standard 1st Aid   Date earned: _____   Location: _____

☐ **Check this 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** ☐

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# _____

NATIONAL LIFEGUARD
LIFESAVING SOCIETY

Pool
Revised 2022

This test sheet is for original exam candidates only.

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

Item	Title
1*	Lifeguarding theory & practice
2*	Pool facility analysis
3*	Rescue aid proficiency
4*	Entries & removals
5*	Rescue drill
6a*	Underwater swim
6b*	Object recovery
6c*	Sprint challenge
6d*	Endurance challenge
7*	Lifeguard communication
8a*	Positioning & rotation
8b*	Scanning & observation
8c*	Prevention & intervention
9*	Specialized techniques
10*	Missing person
11a*	Mgmt: distressed or drowning victim
11b*	Mgmt: submerged, non-breathing victim
11c*	Mgmt: spinal-injured victims
11d*	Mgmt: injured victim
12a	Lifeguard situation: single guard
12b	Lifeguard situations: team

Items are instructor-evaluated

Candidate 5
Gender: M / F / X
Last name
First name
Address
City   Prov.   Postal Code
E-mail
Phone
Date of birth: Year / Month / Day

Prerequisites
Bronze Cross   Date earned: _____   Location: _____
Standard 1st Aid   Date earned: _____   Location: _____

Candidate 6
Gender: M / F / X
Last name
First name
Address
City   Prov.   Postal Code
E-mail
Phone
Date of birth: Year / Month / Day

Prerequisites
Bronze Cross   Date earned: _____   Location: _____
Standard 1st Aid   Date earned: _____   Location: _____

Candidate 7
Gender: M / F / X
Last name
First name
Address
City   Prov.   Postal Code
E-mail
Phone
Date of birth: Year / Month / Day

Prerequisites
Bronze Cross   Date earned: _____   Location: _____
Standard 1st Aid   Date earned: _____   Location: _____

Candidate 8
Gender: M / F / X
Last name
First name
Address
City   Prov.   Postal Code
E-mail
Phone
Date of birth: Year / Month / Day

Prerequisites
Bronze Cross   Date earned: _____   Location: _____
Standard 1st Aid   Date earned: _____   Location: _____

☐ Check this 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** _____

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