



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross

(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 | Non-fatal drowning | Shallow water blackout | Assistant lifeguard roles and responsibilities | Communication | Two-rescuer removals | Surface dives and underwater swims | Team search | Two-rescuer drowning resuscitation | Spinal injury management | Object recovery and transport | Rescue drill: recover submerged victim | Endurance challenge - 400 m or yd. | Safety supervision scanning | Two-person rescue 1: multiple victims submerged | Two-person rescue 2: submerged victim | Assistant lifeguard situations |
| | 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* | 13* | 14* | 15 | 16 | 17 |

* Items are instructor evaluated

| | | | | | | | | | | | | | | | | | |
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| 1 Name..... | Year | | | | | | | | | | | | | | | | |
| Address..... | Month | Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned: | | | | | | | | | | | | Location: Location: | | | |
| .City.....Postal.Code..... | Day | | | | | | | | | | | | | | | | |
| E-mail.....Phone..... | | | | | | | | | | | | | | | | | |
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| E-mail.....Phone..... | | | | | | | | | | | | | | | | | |

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

- Satisfactory Performance

- 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#



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Bronze Cross

(Revised 2020)

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

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|---------------|-----------------------|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|----|--------|----|--|
| | 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* | 13* | 14* | 15 | 16 | 17 | |
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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 _____

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.

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 _____ | | | | | |