



Pool

Revised 2022

This test sheet is for original exam candidates only.

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

Gender	Date of birth	Performance Items												Result						
		1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*

* Items are instructor-evaluated

1	M	Year	Month	Prerequisites	Bronze Cross Date earned: _____	Location: _____
Last name				Standard 1st Aid Date earned: _____	Location: _____	
First name	F					
Address	X					
City	Prov.	Postal Code				
E-mail			Day	Bronze Cross Date earned: _____	Location: _____	
Phone				Standard 1st Aid Date earned: _____	Location: _____	
2	M	Year	Month	Prerequisites	Bronze Cross Date earned: _____	Location: _____
Last name				Standard 1st Aid Date earned: _____	Location: _____	
First name	F					
Address	X					
City	Prov.	Postal Code				
E-mail			Day	Bronze Cross Date earned: _____	Location: _____	
Phone				Standard 1st Aid Date earned: _____	Location: _____	
3	M	Year	Month	Prerequisites	Bronze Cross Date earned: _____	Location: _____
Last name				Standard 1st Aid Date earned: _____	Location: _____	
First name	F					
Address	X					
City	Prov.	Postal Code				
E-mail			Day	Bronze Cross Date earned: _____	Location: _____	
Phone				Standard 1st Aid Date earned: _____	Location: _____	
4	M	Year	Month	Prerequisites	Bronze Cross Date earned: _____	Location: _____
Last name				Standard 1st Aid Date earned: _____	Location: _____	
First name	F					
Address	X					
City	Prov.	Postal Code				
E-mail			Day	Bronze Cross Date earned: _____	Location: _____	
Phone				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#



Pool

Revised 2022

This test sheet is for original exam candidates only.

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

Gender	Date of birth	Performance Items												Result						
		1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*

* Items are instructor-evaluated

5		<input checked="" type="checkbox"/> M	Year	Month															
Last name	First name	<input type="checkbox"/> F			<input checked="" type="checkbox"/> X	<input type="checkbox"/> X													
6		<input checked="" type="checkbox"/> M	Year	Month	Prerequisites														
Last name	First name	<input type="checkbox"/> F			<input checked="" type="checkbox"/> X	Bronze Cross	Date earned:							Location:					
7		<input checked="" type="checkbox"/> M	Year	Month	Prerequisites														
Last name	First name	<input type="checkbox"/> F			<input checked="" type="checkbox"/> X	Bronze Cross	Date earned:							Location:					
8		<input checked="" type="checkbox"/> M	Year	Month	Prerequisites														
Last name	First name	<input type="checkbox"/> F			<input checked="" type="checkbox"/> X	Bronze Cross	Date earned:							Location:					
E-mail		Phone		Day	Standard 1st Aid	Date earned:							Location:						
E-mail		Phone		Day	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 _____