



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	
				1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15	16	17		
				* Items are instructor evaluated																		
1 Name.....			Year.....																			
Address.....			Month.....	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
City..... Postal Code.....			Day.....																			
E-mail..... Phone.....																						
2 Name.....			Year.....																			
Address.....			Month.....	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
City..... Postal Code.....			Day.....																			
E-mail..... Phone.....																						
3 Name.....			Year.....																			
Address.....			Month.....	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
City..... Postal Code.....			Day.....																			
E-mail..... Phone.....																						
4 Name.....			Year.....																			
Address.....			Month.....	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
City..... Postal Code.....			Day.....																			
E-mail..... Phone.....																						
5 Name.....			Year.....																			
Address.....			Month.....	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
City..... Postal Code.....			Day.....																			
E-mail..... Phone.....																						
6 Name.....			Year.....																			
Address.....			Month.....	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
City..... Postal Code.....			Day.....																			
E-mail..... Phone.....																						

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

			Date of birth	Prerequisites checked																	Result	
				1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15	16	17		
				* Items are instructor evaluated																		
7	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
8	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
9	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
10	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
11	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
12	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
13	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										

<input type="checkbox"/> 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	
This is Page of Pages.						

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)		Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or	
Exam Information Exam date: YY MM DD		Examiner's name ID# E-mail address () Telephone Signature	

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. Retain one copy for your records. Do not send cash by mail.