



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

1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12a	12b	Result
* Items are instructor-evaluated																					

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

- 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 <input type="checkbox"/> or
Examiner's name	ID#
E-mail address ()	
Telephone	Signature
Individual who apprenticed on the exam	Same as Instructor <input type="checkbox"/> or
Apprentice's name	ID#



Pool

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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		<input type="checkbox"/> X																		
Phone		<input type="checkbox"/> X																		

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