



LIFESAVING SOCIETY  
The Lifeguarding Experts

## Bronze Medallion

(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 Drowning Chain of Survival																			Result
1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15*	16*	17	18	19	

\* Items are instructor evaluated

1 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code																			
E-mail	Phone	Day	13 years old OR Bronze Star Date earned: Location:																	
2 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old OR Bronze Star Date earned: Location:																	
3 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old OR Bronze Star Date earned: Location:																	
4 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old OR Bronze Star Date earned: Location:																	
5 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old OR Bronze Star Date earned: Location:																	
6 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old OR Bronze Star Date earned: Location:																	

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

### 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#



LIFESAVING SOCIETY

*The Lifeguarding Experts*

## Bronze Medallion

(Revised 2020)

**This test sheet for original exam candidates only.**

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

Date of birth

Prerequisites checked																		
* Items are instructor evaluated																		
1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15*	16*	17	18	19
The Lifesaving Society	Drowning Chain of Survival	Rescue process	Cold water	Self-rescue	Swimming and lifesaving strokes	Victim recognition	Entries and removals	Defences and releases	Tows and carries	Search	Submerged victim recovery	Drowning resuscitation	Rescue drill: approach and carry	Endurance challenge – 400 m or yd.	Risk assessment and response	Rescue 1: from land	Rescue 2: open water	Rescue 3: non-breathing victim

Result

7 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code																			
E-mail	Phone	Day	13 years old <b>OR</b> Bronze Star Date earned: Location:																	
8 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old <b>OR</b> Bronze Star Date earned: Location:																	
9 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old <b>OR</b> Bronze Star Date earned: Location:																	
10 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old <b>OR</b> Bronze Star Date earned: Location:																	
11 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old <b>OR</b> Bronze Star Date earned: Location:																	
12 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old <b>OR</b> Bronze Star Date earned: Location:																	
13 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old <b>OR</b> Bronze Star Date earned: Location:																	

**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

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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										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								