



## 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

	Lifeguarding theory & practice	Pool facility analysis	Rescue aid proficiency	Entries & removals	Rescue drill	Underwater swim	Object recovery	Sprint challenge	Endurance challenge	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result
	1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12a	12b	
* Items are instructor-evaluated																						
Prerequisites																						
Bronze Cross Date earned: _____ Location: _____																						
Standard 1st Aid Date earned: _____ Location: _____																						
Prerequisites																						
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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 ☐ 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

	Lifeguarding theory & practice	Pool facility analysis	Rescue aid proficiency	Entries & removals	Rescue drill	Underwater swim	Object recovery	Sprint challenge	Endurance challenge	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result
	1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12a	12b	
* Items are instructor-evaluated																						
5																						
Last name																						
First name																						
Address																						
City		Prov.		Postal Code																		
E-mail																						
Phone																						
Prerequisites																						
Bronze Cross Date earned: Location: Standard 1st Aid Date earned: Location:																						
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Last name																						
First name																						
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City		Prov.		Postal Code																		
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Last name																						
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Bronze Cross Date earned: Location: Standard 1st Aid Date earned: Location:																						
8																						
Last name																						
First name																						
Address																						
City		Prov.		Postal Code																		
E-mail																						
Phone																						
Prerequisites																						
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

**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 ☐ (sign below) or

Examiner's name

ID#

### Exam Information

Exam date: \_\_\_\_\_  
YY MM DD

E-mail address

( )  
Telephone

Signature