



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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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

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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First name																						
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Standard 1st Aid Date earned: Location:																						
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Last name																						
First name																						
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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)

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