



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

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										Instructor Information									
()																			
Host name (Affiliate or Organization paying the exam fees)					Telephone					Instructor's name					ID#				
Street address										E-mail address ()									
										Telephone									
										Signature									
City Prov. Postal code										Individual who examined the candidates Same as Instructor <input type="checkbox"/> or									
Exam Information																			
Exam date: YY MM DD ()										Examiner's name ID#									
										E-mail address ()									
										Telephone									
										Signature									
Facility name (e.g., name of pool)										Individual who apprenticed on the exam Same as Instructor <input type="checkbox"/> or									
										Apprentice's name ID#									



LIFESAVING SOCIETY

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(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 OR Bronze Star Date earned: Location:																	
8 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old OR Bronze Star Date earned: Location:																	
9 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old OR Bronze Star Date earned: Location:																	
10 Name.....	Year																			
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City.....	Postal Code	Day	13 years old OR Bronze Star Date earned: Location:																	
11 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old OR Bronze Star Date earned: Location:																	
12 Name.....	Year																			
Address.....	Month	Prerequisites:																		
City.....	Postal Code	Day	13 years old OR Bronze Star Date earned: Location:																	
13 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

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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								

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.