



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

This is Page of Pages.

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#



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

* Items are instructor evaluated

Check box if there are more candidates on the reverse side of this page. - 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	Individual who examined the candidates	Same as Side 1 <input type="checkbox"/> (<i>sign below</i>) 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