



## 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	Performance Items												Result						
		1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*

\* Items are instructor-evaluated

1	M	Year	Month	Prerequisites	Bronze Cross Date earned: _____	Location: _____
Last name				Standard 1st Aid Date earned: _____	Location: _____	
First name	F					
Address	X					
City	Prov.	Postal Code				
E-mail			Day	Bronze Cross Date earned: _____	Location: _____	
Phone				Standard 1st Aid Date earned: _____	Location: _____	
2	M	Year	Month	Prerequisites	Bronze Cross Date earned: _____	Location: _____
Last name				Standard 1st Aid Date earned: _____	Location: _____	
First name	F					
Address	X					
City	Prov.	Postal Code				
E-mail			Day	Bronze Cross Date earned: _____	Location: _____	
Phone				Standard 1st Aid Date earned: _____	Location: _____	
3	M	Year	Month	Prerequisites	Bronze Cross Date earned: _____	Location: _____
Last name				Standard 1st Aid Date earned: _____	Location: _____	
First name	F					
Address	X					
City	Prov.	Postal Code				
E-mail			Day	Bronze Cross Date earned: _____	Location: _____	
Phone				Standard 1st Aid Date earned: _____	Location: _____	
4	M	Year	Month	Prerequisites	Bronze Cross Date earned: _____	Location: _____
Last name				Standard 1st Aid Date earned: _____	Location: _____	
First name	F					
Address	X					
City	Prov.	Postal Code				
E-mail			Day	Bronze Cross Date earned: _____	Location: _____	
Phone				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

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#



## 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	Performance Items												Result						
		1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*

\* Items are instructor-evaluated

5		<input checked="" type="checkbox"/> M	Year	Month																
Last name	First name	<input type="checkbox"/> F			<input checked="" type="checkbox"/> X	<input type="checkbox"/> X														
6		<input checked="" type="checkbox"/> M	Year	Month	Prerequisites															
Last name	First name	<input type="checkbox"/> F			<input checked="" type="checkbox"/> X	Bronze Cross	Date earned:							Location:						
7		<input checked="" type="checkbox"/> M	Year	Month	Prerequisites															
Last name	First name	<input type="checkbox"/> F			<input checked="" type="checkbox"/> X	Bronze Cross	Date earned:							Location:						
8		<input checked="" type="checkbox"/> M	Year	Month	Prerequisites															
Last name	First name	<input type="checkbox"/> F			<input checked="" type="checkbox"/> X	Bronze Cross	Date earned:							Location:						
E-mail		<input type="checkbox"/> X																		
Phone		<input type="checkbox"/> X																		

Check this box if there are more candidates on the reverse side of this page.  
This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages

- Satisfactory Performance

X - 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