



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

1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15*	16*	17	18	19	Result
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	

* Items are instructor evaluated

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

☐

Check box if there are more candidates on the reverse side of this page.

This 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#



LIFESAVING SOCIETY

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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

1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15*	16*	17	18	19	Result
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* Items are instructor evaluated

7 Name..... Address..... City.....Postal Code..... E-mail.....Phone.....	Year..... Month..... Day.....	Prerequisites: 13 years old OR Bronze Star Date earned:..... Location:.....
8 Name..... Address..... City.....Postal Code..... E-mail.....Phone.....	Year..... Month..... Day.....	Prerequisites: 13 years old OR Bronze Star Date earned:..... Location:.....
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12 Name..... Address..... City.....Postal Code..... E-mail.....Phone.....	Year..... Month..... Day.....	Prerequisites: 13 years old OR Bronze Star Date earned:..... Location:.....
13 Name..... Address..... City.....Postal Code..... E-mail.....Phone.....	Year..... Month..... Day.....	Prerequisites: 13 years old OR Bronze Star Date earned:..... Location:.....

<input type="checkbox"/> Check box if there are more candidates on the reverse side of this page. This is Page ____ of ____ Pages.	<input checked="" type="checkbox"/> - Satisfactory Performance <input type="checkbox"/> - Fail	Total Pass for Exam <input type="text"/>	Total Fail for Exam <input type="text"/>
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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

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

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.