



LIFESAVING SOCIETY

The Lifeguarding Experts

Airway Management

(Revised 2022)

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

Prerequisite	Knowledge							Result
	1	2	3	4	5	6	7	
6 Name								
Address.....	Apt #.....	Year.....						
City.....	Postal Code.....	Month.....						
E-mail.....		Day.....						
Phone.....								
7 Name								
Address.....	Apt #.....	Year.....						
City.....	Postal Code.....	Month.....						
E-mail.....		Day.....						
Phone.....								
8 Name								
Address.....	Apt #.....	Year.....						
City.....	Postal Code.....	Month.....						
E-mail.....		Day.....						
Phone.....								
9 Name								
Address.....	Apt #.....	Year.....						
City.....	Postal Code.....	Month.....						
E-mail.....		Day.....						
Phone.....								
10 Name								
Address.....	Apt #.....	Year.....						
City.....	Postal Code.....	Month.....						
E-mail.....		Day.....						
Phone.....								

Check 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

Host name (Affiliate)
.....
(_____
Telephone.....

Please complete Instructor and Payment information sections on Side 1 of the test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.

Exam information

 Exam date: _____ YY MM DD

 Facility name (e.g., name of pool)
 (_____
Telephone.....

This section to be completed by the First Aid Examiner who holds Airway Management and who evaluated the candidates.

Name	ID# (optional)
E-mail address (_____ Telephone.....	Signature required