



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross

(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	Non-fatal drowning	Shallow water blackout	Assistant lifeguard roles and responsibilities	Communication	Two-rescuer removals	Surface dives and underwater swims	Team search	Two-rescuer drowning resuscitation	Spinal injury management	Object recovery and transport	Rescue drill: recover submerged victim	Endurance challenge - 400 m or yd.	Safety supervision scanning	Two-person rescue 1: multiple victims submerged	Two-person rescue 2: submerged victim	Assistant lifeguard situations
	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15	16	17

* Items are instructor evaluated

1 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
.City.....Postal.Code.....	Day																
E-mail.....Phone.....																	
2 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
.City.....Postal.Code.....	Day																
E-mail.....Phone.....																	
3 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
.City.....Postal.Code.....	Day																
E-mail.....Phone.....																	
4 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
.City.....Postal.Code.....	Day																
E-mail.....Phone.....																	
5 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
.City.....Postal.Code.....	Day																
E-mail.....Phone.....																	
6 Name.....	Year																
Address.....	Month	Prerequisites: Bronze Medallion Date earned: Emergency 1st Aid Date earned:												Location: Location:			
.City.....Postal.Code.....	Day																
E-mail.....Phone.....																	

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

The Lifeguarding Experts

Bronze Cross

(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

The Lifesaving Society

Non-fatal drowning

Shallow water blackout

Assistant lifeguard roles and responsibilities

Communication

Two-rescuer removals

Surface dives and underwater swims

Team search

Two-rescuer drowning resuscitation

Spinal injury management

Object recovery and transport

Rescue drill: recover submerged victim

Endurance challenge - 400 m or yd.

Safety supervision scanning

Two-person rescue 1: multiple victims submerged victim

Two-person rescue 2: submerged victim

Assistant lifeguard situations

* Items are instructor evaluated

Result

7
Name.....

Address.....

City.....Postal.Code.....

E-mail.....Phone.....

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned:

Emergency 1st Aid Date earned:

Location:

Location:

8
Name.....

Address.....

City.....Postal.Code.....

E-mail.....Phone.....

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned:

Emergency 1st Aid Date earned:

Location:

Location:

9
Name.....

Address.....

City.....Postal.Code.....

E-mail.....Phone.....

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned:

Emergency 1st Aid Date earned:

Location:

Location:

10
Name.....

Address.....

City.....Postal.Code.....

E-mail.....Phone.....

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned:

Emergency 1st Aid Date earned:

Location:

Location:

11
Name.....

Address.....

City.....Postal.Code.....

E-mail.....Phone.....

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned:

Emergency 1st Aid Date earned:

Location:

Location:

12
Name.....

Address.....

City.....Postal.Code.....

E-mail.....Phone.....

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned:

Emergency 1st Aid Date earned:

Location:

Location:

13
Name.....

Address.....

City.....Postal.Code.....

E-mail.....Phone.....

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned:

Emergency 1st Aid Date earned:

Location:

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

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.