



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Standard First Aid with CPR-C (Revised 2023)

Side 1: Please print each candidate's name  
and contact information legibly.

Date of birth

Emergency First Aid Award Items

Two-rescuer CPR with AED skills:  
adult, child and infant

Suspected spinal injury

Environmental emergencies: heat, cold

Bone or joint injury

Chest injuries

Suspected head injury

Seizure

Diabetes

Poisoning

Critical Incident Stress

Written test

Result

**1**  
Name  
Address Apt #  
City Postal Code  
E-mail  
Phone

Year

Month

Day

Original Standard First Aid: Date earned: Location:

**2**  
Name  
Address Apt #  
City Postal Code  
E-mail  
Phone

Year

Month

Day

Original Standard First Aid: Date earned: Location:

**3**  
Name  
Address Apt #  
City Postal Code  
E-mail  
Phone

Year

Month

Day

Original Standard First Aid: Date earned: Location:

**4**  
Name  
Address Apt #  
City Postal Code  
E-mail  
Phone

Year

Month

Day

Original Standard First Aid: Date earned: Location:

**5**  
Name  
Address Apt #  
City Postal Code  
E-mail  
Phone

Year

Month

Day

Original Standard First Aid: Date earned: Location:

☐

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

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- 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 is:  
☐ Original **OR** ☐ Recert  
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

# Standard First Aid with CPR-C (Revised 2023)

Side 2: **Please print** each candidate's name  
and contact information legibly.

Date of birth

Emergency First Aid Award Items

Two-rescuer CPR with AED skills:  
adult, child and infant

Suspected spinal injury

Environmental emergencies: heat, cold

Bone or joint injury

Chest injuries

Suspected head injury

Seizure

Diabetes

Poisoning

Critical Incident Stress

Written test

Result

**6**  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_

Year

Month

Day

Original Standard First Aid: Date earned: \_\_\_\_\_ Location: \_\_\_\_\_

**7**  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_

Year

Month

Day

Original Standard First Aid: Date earned: \_\_\_\_\_ Location: \_\_\_\_\_

**8**  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_

Year

Month

Day

Original Standard First Aid: Date earned: \_\_\_\_\_ Location: \_\_\_\_\_

**9**  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_

Year

Month

Day

Original Standard First Aid: Date earned: \_\_\_\_\_ Location: \_\_\_\_\_

**10**  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_

Year

Month

Day

Original Standard First 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



- 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)

Individual who examined the candidates Same as Side 1 ☐ (sign below) or

Examiner's name ID#

## Exam Information

Exam is:

☐ Original **OR** ☐ Recert

Exam date: \_\_\_\_\_  
YY MM DD

E-mail address

( )  
Telephone Signature