



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.

1 Name	Address	City	E-mail	Phone	Date of birth	Emergency First Aid Award Items										Result				
						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			
						1	2	3	4	5	6	7	8	9	10					
Original Standard First Aid: _____ Date earned: _____ Location: _____																				
2 Name	Address	City	E-mail	Phone	Date of birth															
Original Standard First Aid: _____ Date earned: _____ Location: _____																				
3 Name	Address	City	E-mail	Phone	Date of birth															
Original Standard First Aid: _____ Date earned: _____ Location: _____																				
4 Name	Address	City	E-mail	Phone	Date of birth															
Original Standard First Aid: _____ Date earned: _____ Location: _____																				
5 Name	Address	City	E-mail	Phone	Date of birth															
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

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 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#



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

Date of birth	Emergency First Aid Award Items										Result
	1	2	3	4	5	6	7	8	9	10	
6 Name Address Apt # City Postal Code E-mail Phone	Year										
7 Name Address Apt # City Postal Code E-mail Phone	Year										
8 Name Address Apt # City Postal Code E-mail Phone	Year										
9 Name Address Apt # City Postal Code E-mail Phone	Year										
10 Name Address Apt # City Postal Code E-mail Phone	Year										
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

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 is:

Original OR Recert

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