



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

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

Two-person rescue 2: submerged victim

Assistant lifeguard situations

Result

* Items are instructor evaluated

1 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned: Location:

Emergency 1st Aid Date earned: Location:

2 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned: Location:

Emergency 1st Aid Date earned: Location:

3 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned: Location:

Emergency 1st Aid Date earned: Location:

4 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned: Location:

Emergency 1st Aid Date earned: Location:

5 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned: Location:

Emergency 1st Aid Date earned: Location:

6 Name

Address

City Postal Code

E-mail Phone

Year

Month

Day

Prerequisites:

Bronze Medallion Date earned: Location:

Emergency 1st Aid Date earned: Location:

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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#



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

| | | | Date of birth | Prerequisites checked | | | | | | | | | | | | | | | | | Result |
|--|--|--|-------------------------------------|---|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|----|----|----|--------|
| | | | | 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* | 13* | 14* | 15 | 16 | 17 | |
| 7 Name..... Address..... City.....Postal Code..... E-mail.....Phone..... | | | Year..... Month..... Day..... | * Items are instructor evaluated | | | | | | | | | | | | | | | | | |
| 8 Name..... Address..... City.....Postal Code..... E-mail.....Phone..... | | | Year..... Month..... Day..... | Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: | | | | | | | | | | | | | | | | | |
| 9 Name..... Address..... City.....Postal Code..... E-mail.....Phone..... | | | Year..... Month..... Day..... | Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location: | | | | | | | | | | | | | | | | | |
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☐ 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) | Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name ID# E-mail address () Telephone Signature |
| Exam Information Exam date: ____ YY ____ MM ____ DD | |

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.