



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
2 Name	Address	City	E-mail	Phone	Day	Original Standard First Aid:	Date earned:	Location:									
3 Name	Address	City	E-mail	Phone	Day	Original Standard First Aid:	Date earned:	Location:									
4 Name	Address	City	E-mail	Phone	Day	Original Standard First Aid:	Date earned:	Location:									
5 Name	Address	City	E-mail	Phone	Day	Original Standard First Aid:	Date earned:	Location:									
						<input type="checkbox"/> Check this box if there are more candidates on the reverse side of this page. This test sheet is Page _____ of _____ Pages	<input checked="" type="checkbox"/> - Satisfactory Performance	<input type="checkbox"/> X - Fail	Total Pass for Exam	<input type="checkbox"/>	Total Fail for Exam	<input type="checkbox"/>					

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.

6 Name		Year Month Day										
Address	Apt #											
City	Postal Code											
E-mail												
Phone		Original Standard First Aid: _____ Date earned: _____ Location: _____										
7 Name		Year Month Day										
Address	Apt #											
City	Postal Code											
E-mail												
Phone		Original Standard First Aid: _____ Date earned: _____ Location: _____										
8 Name		Year Month Day										
Address	Apt #											
City	Postal Code											
E-mail												
Phone		Original Standard First Aid: _____ Date earned: _____ Location: _____										
9 Name		Year Month Day										
Address	Apt #											
City	Postal Code											
E-mail												
Phone		Original Standard First Aid: _____ Date earned: _____ Location: _____										
10 Name		Year Month Day										
Address	Apt #											
City	Postal Code											
E-mail												
Phone		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	Individual who examined the candidates	Same as Side 1 <input type="checkbox"/> (<i>sign below</i>) or
Host name (Affiliate or Organization paying the exam fees)	Examiner's name	ID#
Exam Information	E-mail address	
Exam date: _____ YY MM DD	() Telephone	Signature
Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert		