



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

☐

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																	Result	
				1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15	16	17		
				* Items are instructor evaluated																		
7	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
8	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
9	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
10	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
11	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
12	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				Location:										
13	Name.....	Year.....																				
	Address.....	Month.....		Prerequisites:																		
	City.....Postal Code.....	Day.....		Bronze Medallion				Date earned:				Location:										
	E-mail.....Phone.....			Emergency 1st Aid				Date earned:				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.

<b>Invoicing Information</b>  Host name (Affiliate or Organization paying the exam fees)  <b>Exam Information</b>  Exam date:   YY   MM   DD	<b>Individual who examined the candidates</b> Same as Side 1 <input type="checkbox"/> (sign below) or  Examiner's name <span style="float: right;">ID#</span>  E-mail address (                      ) Telephone <span style="float: right;">Signature</span>
--	---

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.