



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	
						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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with CPR-C *(Revised 2023)*

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		