



LIFESAVING SOCIETY
The Lifeguarding Experts

Emergency First Aid with CPR-B (Revised 2014)

Side 1: **Please print** each candidate's name
and contact information legibly.

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13		
1 Name Address Apt # City Postal Code E-mail Phone	Year														
	Month														
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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.



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Prov.

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Exam information

Exam date: YY MM DD

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Facility name (e.g., name of pool)

Telephone

Emergency or Standard First Aid Instructor information

Instructor's name

ID#

E-mail address
()

Telephone

Signature required

This section to be completed by the Emergency or Standard First Aid Instructor who examined the candidates.

Name

ID# (optional)

E-mail address
()

Telephone

Signature required



LIFESAVING SOCIETY
The Lifeguarding Experts

Emergency First Aid with CPR-B (Revised 2014)

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

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13		
6 Name Address Apt # City Postal Code E-mail Phone Year Month Day															
7 Name Address Apt # City Postal Code E-mail Phone Year Month Day															
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Host name (Affiliate)

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Telephone

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Exam information

Exam date: YY MM DD

Exam is:

☐ Original **OR** ☐ Recert

Facility name (e.g., name of pool)

()

Telephone

This section to be completed by the Emergency or Standard First Aid Instructor who examined the candidates.

Name

ID# (optional)

E-mail address

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Telephone

Signature required