



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Medallion

(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	18	19
* Items are instructor evaluated																			

1	Acostoy blanca, maude jolan	12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address	15 Avondale Crescent	Year	12																
City	Markham, ON	Postal Code	21																
E-mail	sasacostoy2@gmail.com	Phone	Day																
Prerequisites:																			
2	Chen Nemo	10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address	30 James Parrott Avenue	Year	06																
City	Markham, ON	Postal Code	Month	11															
E-mail	y13510380919@163.com	Phone	Day																
Prerequisites:																			
3	Chi Jayden	13	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address	4 Eastpine Drive	Year	08																
City	Markham, ON	Postal Code	Month	15															
E-mail	ruizhouchen@hotmail.com	Phone	Day																
Prerequisites:																			
4	Coloma, Raven	13	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address	15 Pettigrew Court	Year	03																
City	Markham, ON	Postal Code	Month	03															
E-mail	azennithcoloma@gmail.com	Phone	Day																
Prerequisites:																			
5	Jaksic, Maya	12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address	199 Willowbrook Road	Year	04																
City	Thornhill, ON	Postal Code	Month	13															
E-mail	srdjana_jaksic@hotmail.com	Phone	Day																
Prerequisites:																			
6	Le Dreff, Nate	12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address	24 Garnish Green	Year	05														X	X	X
City	Markham, ON	Postal Code	Month	12															
E-mail	perrik.ledreff@gmail.com	Phone	Day																
Prerequisites:																			

<input checked="" type="checkbox"/> Check box if there are more candidates on the reverse side of this page.	<input checked="" type="checkbox"/> - Satisfactory Performance	<input type="checkbox"/> X - Fail	Total Pass for Exam	6	Total Fail for Exam	3
This is Page 1 of 2 Pages.						

Invoicing Information				Instructor Information			
City of Markham (905) 4703590 Ext 4342				Aijenth Suthanathan SUAAOY			
Host name (Affiliate or Organization paying the exam fees) Telephone				Instructor's name ID#			
8600 McCowan Road				ajenth.suthanathan@gmail.com			
Street address				E-mail address			
Markham ON L3P 3M2				(647) 5493110 amng			
City Prov. Postal code				Telephone Signature			
Exam Information				Individual who examined the candidates Same as Instructor <input checked="" type="checkbox"/> or			
Exam date: 2025-12-23 YY MM DD				Examiner's name ID#			
Centennial C.C. (905) 4703590 Ext 4342				E-mail address ()			
Facility name (e.g., name of pool) Telephone				Telephone Signature			
Apprentice's name				Individual who apprenticed on the exam Same as Instructor <input type="checkbox"/> or			
				Apprentice's name ID#			

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.



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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*	
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

* Items are instructor evaluated

7 Name..... Address..... City..... E-mail..... Phone.....	Leung, Ellie 3 Schoolhouse Road Markham, ON L6C2W2 Anne.w.leung@gmail.com 6473083278	13 Year 02 Month 21 Day	Prerequisites: 13 years old OR Bronze Star Date earned: 2025-08-29 Location:
8 Name..... Address..... City..... E-mail..... Phone.....	Luo, Zixuan 75 Trothen Circle Markham, ON L3P4H3 cgpmaggie@gmail.com 4166669187	12 Year 02 Month 29 Day	Prerequisites: 13 years old OR Bronze Star Date earned: Location:
9 Name..... Address..... City..... E-mail..... Phone.....	Venkatakrishnan, Preethi 580 William Forster Road Markham, ON L6B0Z7 vpavankat@gmail.com 6475205590	10 Year 10 Month 13 Day	Prerequisites: 13 years old OR Bronze Star Date earned: Location:
10 Name..... Address..... City..... E-mail..... Phone.....		Year	
11 Name..... Address..... City..... E-mail..... Phone.....		Month	Prerequisites: 13 years old OR Bronze Star Date earned: Location:
12 Name..... Address..... City..... E-mail..... Phone.....		Day	Prerequisites: 13 years old OR Bronze Star Date earned: Location:
13 Name..... Address..... City..... E-mail..... Phone.....		Year	
		Month	Prerequisites: 13 years old OR Bronze Star Date earned: Location:
		Day	Prerequisites: 13 years old OR Bronze Star Date earned: Location:

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance X - Fail Total Pass for Exam 6 Total Fail for Exam 3 This is Page 2 of 2 Pages.

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	
City of Markham		Same as Side 1 <input checked="" type="checkbox"/> (sign below) or	
Host name (Affiliate or Organization paying the exam fees)		Examiner's name	ID#
Exam Information		E-mail address	
Exam date: 2025-12-23 YY MM DD		Telephone	Signature

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