



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 Name		Year	Month	Day
Address	Apt #			
City	Postal Code			
E-mail				
Phone				
2 Name		Year	Month	Day
Address	Apt #			
City	Postal Code			
E-mail				
Phone				
3 Name		Year	Month	Day
Address	Apt #			
City	Postal Code			
E-mail				
Phone				
4 Name		Year	Month	Day
Address	Apt #			
City	Postal Code			
E-mail				
Phone				
5 Name		Year	Month	Day
Address	Apt #			
City	Postal Code			
E-mail				
Phone				

Check box if there are more candidates on the reverse side of this page.
 This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance F - Fail Total Pass for Exam Total Fail for Exam

Payment information			<input type="checkbox"/> Exam fees attached	<input type="checkbox"/> Exam fees not attached
Send invoice or receipt to: ()				
Host name (Affiliate)		Telephone		
Street address				
City	Prov.	Postal code		
Exam information				
Exam date:		YY	MM	DD
Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert ()				
Facility name (e.g., name of pool)		Telephone		

Emergency or Standard First Aid Instructor information				
Instructor's name				ID#
E-mail address ()		<input type="checkbox"/>		
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 ()		<input type="checkbox"/>		
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	Test Results													
		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
6	Name														
	Address	Apt #	Year												
	City	Postal Code	Month												
	E-mail		Day												
	Phone														
7	Name														
	Address	Apt #	Year												
	City	Postal Code	Month												
	E-mail		Day												
	Phone														
8	Name														
	Address	Apt #	Year												
	City	Postal Code	Month												
	E-mail		Day												
	Phone														
9	Name														
	Address	Apt #	Year												
	City	Postal Code	Month												
	E-mail		Day												
	Phone														
10	Name														
	Address	Apt #	Year												
	City	Postal Code	Month												
	E-mail		Day												
	Phone														

Check box if there are more candidates on the reverse side of this page.
 This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance F - Fail Total Pass for Exam Total Fail for Exam

Host name (Affiliate)
()
Telephone

Please complete Instructor and Payment information sections on Side 1 of the test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.

Exam information
Exam date: _____ YY MM DD Exam is: Original OR Recert

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

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

Name	ID# (optional)
E-mail address () Telephone	Signature required