



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.

Date of birth

Emergency First Aid Award Items

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

Written test

Result

1
Name
Address Apt #
City Postal Code
E-mail
Phone

2
Name
Address Apt #
City Postal Code
E-mail
Phone

3
Name
Address Apt #
City Postal Code
E-mail
Phone

4
Name
Address Apt #
City Postal Code
E-mail
Phone

5
Name
Address Apt #
City Postal Code
E-mail
Phone

Original Standard First Aid: Date earned: Location:

Original Standard First Aid: Date earned: Location:

Original Standard First Aid: Date earned: Location:

Original Standard First Aid: Date earned: Location:

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



- 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#



LIFESAVING SOCIETY
The Lifeguarding Experts

Standard First Aid with CPR-C (Revised 2023)

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

Date of birth

Emergency First Aid Award Items

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

Written test

Result

6
Name _____
Address _____ Apt # _____
City _____ Postal Code _____
E-mail _____
Phone _____

Year

Month

Day

Original Standard First Aid: Date earned: _____ Location: _____

7
Name _____
Address _____ Apt # _____
City _____ Postal Code _____
E-mail _____
Phone _____

Year

Month

Day

Original Standard First Aid: Date earned: _____ Location: _____

8
Name _____
Address _____ Apt # _____
City _____ Postal Code _____
E-mail _____
Phone _____

Year

Month

Day

Original Standard First Aid: Date earned: _____ Location: _____

9
Name _____
Address _____ Apt # _____
City _____ Postal Code _____
E-mail _____
Phone _____

Year

Month

Day

Original Standard First Aid: Date earned: _____ Location: _____

10
Name _____
Address _____ Apt # _____
City _____ Postal Code _____
E-mail _____
Phone _____

Year

Month

Day

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



- 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

Host name (Affiliate or Organization paying the exam fees)

Individual who examined the candidates Same as Side 1 ☐ (sign below) or

Examiner's name

ID#

Exam Information

Exam is:

☐ Original **OR** ☐ Recert

Exam date: _____
YY MM DD

E-mail address

()
Telephone

Signature