



LIFESAVING SOCIETY

The Lifeguarding Experts

# Bronze Cross

(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		
				* Items are instructor evaluated																		
1	Name	Year																				
	Address	Month		Prerequisites:																		
	City	Day		Bronze Medallion				Date earned:				Location:										
	E-mail	Phone		Emergency 1st Aid				Date earned:				Location:										
2	Name	Year																				
	Address	Month		Prerequisites:																		
	City	Day		Bronze Medallion				Date earned:				Location:										
	E-mail	Phone		Emergency 1st Aid				Date earned:				Location:										
3	Name	Year																				
	Address	Month		Prerequisites:																		
	City	Day		Bronze Medallion				Date earned:				Location:										
	E-mail	Phone		Emergency 1st Aid				Date earned:				Location:										
4	Name	Year																				
	Address	Month		Prerequisites:																		
	City	Day		Bronze Medallion				Date earned:				Location:										
	E-mail	Phone		Emergency 1st Aid				Date earned:				Location:										
5	Name	Year																				
	Address	Month		Prerequisites:																		
	City	Day		Bronze Medallion				Date earned:				Location:										
	E-mail	Phone		Emergency 1st Aid				Date earned:				Location:										
6	Name	Year																				
	Address	Month		Prerequisites:																		
	City	Day		Bronze Medallion				Date earned:				Location:										
	E-mail	Phone		Emergency 1st Aid				Date earned:				Location:										

☐

Check 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 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

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# Bronze Cross

(Revised 2020)

*This test sheet for original exam candidates only.*

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	17		
				* Items are instructor evaluated																		
7	Name.....	Year.....																				
	Address.....	Month.....	Prerequisites:																			
	City.....Postal Code.....	Day.....	Bronze Medallion				Date earned:				Location:											
	E-mail.....Phone.....		Emergency 1st Aid				Date earned:				Location:											
8	Name.....	Year.....																				
	Address.....	Month.....	Prerequisites:																			
	City.....Postal Code.....	Day.....	Bronze Medallion				Date earned:				Location:											
	E-mail.....Phone.....		Emergency 1st Aid				Date earned:				Location:											
9	Name.....	Year.....																				
	Address.....	Month.....	Prerequisites:																			
	City.....Postal Code.....	Day.....	Bronze Medallion				Date earned:				Location:											
	E-mail.....Phone.....		Emergency 1st Aid				Date earned:				Location:											
10	Name.....	Year.....																				
	Address.....	Month.....	Prerequisites:																			
	City.....Postal Code.....	Day.....	Bronze Medallion				Date earned:				Location:											
	E-mail.....Phone.....		Emergency 1st Aid				Date earned:				Location:											
11	Name.....	Year.....																				
	Address.....	Month.....	Prerequisites:																			
	City.....Postal Code.....	Day.....	Bronze Medallion				Date earned:				Location:											
	E-mail.....Phone.....		Emergency 1st Aid				Date earned:				Location:											
12	Name.....	Year.....																				
	Address.....	Month.....	Prerequisites:																			
	City.....Postal Code.....	Day.....	Bronze Medallion				Date earned:				Location:											
	E-mail.....Phone.....		Emergency 1st Aid				Date earned:				Location:											
13	Name.....	Year.....																				
	Address.....	Month.....	Prerequisites:																			
	City.....Postal Code.....	Day.....	Bronze Medallion				Date earned:				Location:											
	E-mail.....Phone.....		Emergency 1st Aid				Date earned:				Location:											

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

<b>Invoicing Information</b>  Host name (Affiliate or Organization paying the exam fees)		<b>Individual who examined the candidates</b> Same as Side 1 <input type="checkbox"/> (sign below) or	
<b>Exam Information</b>  Exam date:    YY    MM    DD		Examiner's name    ID#  E-mail address (    ) Telephone    Signature	

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.