| LIFESAVING SOCIETY The Lifeguarding Experts Standard First Aid with CPR-C (Revised 2023) Side 1: Please print each candidate's name | Date of birth | Emergency First Aid Award Items | 1 | - | - | Environmental emergencies: heat, cold | <u> </u> | Chest injuries | + | _ | Diabetes | Poisoning | Critical Incident Stress | Written test | Result |
|---|---------------|---------------------------------|----------|----------------|--|---------------------------------------|----------|----------------|----------|----------|--------------|-----------|--------------------------|--------------|--------|
| and contact information legibly. | Ğ | | 1 | 2 | + | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | - | Ž |
| Name | Year | | | | | | | | | | | | | | |
| Address Apt# | | | | | | | | | | | | | | | |
| City Postal Code | Month | | | | | | | | | | | | | | |
| E-mail | Day | Original | Standari | l d Firet Δ | id: Da | ate earn | ned. | | | | Location: | | | | |
| Phone 2 | | Original | Otaridan | 1 113070 | 10. 00 | Tic carri | | | | | Location | | | | |
| Name | Year | | | | | | | | | | | | | | |
| Address Apt# | | | | | | | | | | | | | | | |
| City Postal Code | Month | | | | | | | | | | | | | | |
| E-mail Phone | Day | Original | Standar | d First A | id: Da | ate earn | ned: | | <u> </u> | <u> </u> | Location: _ | | | | |
| 3 Name | | | | Τ | | | | | | | | | | | |
| Address Apt# | Year | | | | | | | | | | | | | | |
| City Postal Code | Month | | | | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | | | | |
| Phone | Day | Original | Standar | d First A | id: Da | ate earn | ned: | | | | Location: _ | | | | |
| 4 Name | | | | | | | | | | | | | | | |
| Address Apt# | Year | | | | | | | | | | | | | | |
| City Postal Code | Month | | | | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | | | | |
| Phone | Day | Original | Standar | d First A | id: Da | ate earn | ned: | | | | Location: _ | | | | |
| 5 Name | | | | | | | | | | | | | | | |
| Address Apt# | Year | | | | | | | | | | | | | | |
| City Postal Code | Month | | | | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | | | | |
| Phone | Day | Original | Standar | d First A | id: Da | ate earn | ned: | | | | Location: _ | | | | |
| Check this box if there are more candidates on the reverse side. This test sheet is Page of Pages | e of this p | age. | | / - | Satisfa | actory F | Performa | ince | X - Fail | | Pass Exam | | Total for Ex | | |
| Invoicing Information | | | | Ins | structo | or Info | ormatio | n | | | | | | | |
| (|) | | | Ins | tructor | 's nam | е | | | | | | | ID# | |
| Host name (Affiliate or Organization paying the exam fees) Teleph | one | | | E-r | mail add | dress | | | | | | | | | |
| Street address | | | | | ephone | | | | | | | Signature | | | |
| | | | | | Individual who examined the candidates Same as Instructor or | | | | | | | | | | |
| City Prov. Postal code | | | | | Examiner's name ID# | | | | | | | | | | |
| Exam Information Exam is: | | | | | E-mail address | | | | | | | | | | |
| Exam date: | | | | | _() | | | | | | | | | | |
| YY MM DD | | | | | _ Telephone Signature Individual who apprenticed on the exam Same as Instructor □ or | | | | | | | | | | |
| Facility name (e.g., name of pool) Telephone | | | | | | e's nar | me | | | | | | | 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. | of birth | Emergency First Aid Award Items | Two-rescuer CPR with AED skills: | Suspected spinal injury | ω Environmental emergencies: heat | Bone or joint injury | ට Chest injuries | Suspected head injury | Seizure | ∞ Diabetes | Poisoning | Oritical Incident Stress | Written test | Result |
|--|--|---|---------------------------------|----------------------------------|-------------------------|-----------------------------------|----------------------|------------------|-----------------------|---------|--------------|-----------|--------------------------|--------------|----------|
| 6 | and contact information legibly. | | | - | | 3 | 4 | 5 | 0 | 1 | 0 | 9 | 10 | | <u> </u> |
| Name Address | Apt# | Year | | | | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | | | | |
| Phone | | Day | Original S | Standard F | irst Aid: | Date ear | ned: | | | | | | | | |
| 7 Name | | Voor | | | | | | | | | | | | | |
| Address | Apt# | Year | | | | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | | | | |
| E-mail | | Day | Original | Standard E | iret Aid: | Date ear | nod: | | | | Location: _ | | | | |
| Phone 8 | | | Original | otanuaru i | iist Aiu. | Date ear | | | | | Location | | | | |
| Name Address | Apt# | Year | | | | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | | | | |
| Phone | | Day | Original S | Standard F | irst Aid: | Date ear | ned: | | | | Location: _ | | | | |
| 9 Name | | Year | | | | | | | | | | | | | |
| Address | Api# | Year | | | | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | | | | |
| E-mail | | Day | 016 | | | | <u> </u> | | | | | | ш | | |
| Phone 10 | | , | Original S | Standard F | -irst Aid: | Date ear | nea: | | | | Location: _ | | | | |
| Name | | Year | | | | | | | | | | | | | |
| Address | Apt# | | | | | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | | | | |
| E-mail Phone | | Day | Original S | Standard F | irst Aid: | Date ear | ned: | | | | Location: _ | | | | |
| | Check this box if there are more candidates of This test sheet is Page of F | on the reverse side of this parages | age. | · | - Sat | isfactory | Performa | ince | X - Fail | | Pass Exam | | Total for E | | |
| P | Please complete all sections on Side 1 | of test sheet. Host, example of test sheet. | m inform | ation <i>ar</i> | nd exam | niner sec | ctions m | ust be co | ompleted | on boti | h sides 1 | 1 and 2 c | of the tes | st sheet. | |
| Invoid | cing Information | | | | Individ | lual who | o exami | ned the | candida | ates | Same a | as Side 1 | l 🗌 (sig | gn belo | w) or |
| Host name (Affiliate or Organization paying the exam fees) | | | | | Examiner's name ID# | | | | | | | | | | |
| Exam | Information | Exam is: | | \dashv | | | | | | | | | | | |
| | | Original OR | Recert | | E-mail | address | | | | | | | | | |
| Exam o | | | | | , | ١ | | | | | | | | | |
| | YY MM DD | | | | (Teleph | ione | | | | | Si | ignature | | | |
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