

## OXYGEN ADMINISTRATION TEST SHEET

\* Please print each candidate's name and contact information legibly.

	Personal Protection	Prevention of Disease Transmission	Oxygen Equipment	Oxygen Knowledge	Result (Pass /Fail)
<input type="checkbox"/> NAME DATE OF BIRTH YY / MM / DD GENDER <input type="checkbox"/> M <input type="checkbox"/> F ADDRESS CITY P.C. PH. E-MAIL					
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Check box if there are more candidates on the reverse side of this page.
  Satisfactory Performance
  F Fail
 Total Pass for Exam \_\_\_\_ Total Fail for Exam \_\_\_\_

<b>INSTRUCTOR INFORMATION</b>	<b>EXAM INFORMATION</b>
INSTRUCTOR'S NAME ID#	YY / MM / DD
E-MAIL TELEPHONE	FACILITY NAME TELEPHONE
SIGNATURE	<b>AWARD INFORMATION</b>
<b>PAYMENT INFORMATION</b>	<input type="checkbox"/> Awards Issued By Affiliate <input type="checkbox"/> Awards Not Issued
<input type="checkbox"/> Exam Fees Attached <input type="checkbox"/> Exam Fees Not Attached	<b>EXAMINER INFORMATION</b>
AFFILIATION	EXAMINER'S NAME ID#
ADDRESS	E-MAIL TELEPHONE
CITY PROVINCE POSTAL CODE	SIGNATURE

# Oxygen Administration Test Sheet

PAGE \_\_\_\_ OF \_\_\_\_

Course Information	
EXAM DATE YY / MM / DD	
AFFILIATE NAME	
INSTRUCTOR'S NAME	
SIGNATURE	
EXAMINERS'S NAME	
SIGNATURE	

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This page may be used for additional Oxygen Administration Candidates.