



LIFESAVING SOCIETY®
The Lifeguarding Experts

Bronze Cross
(with CPR-C & AED)

Side 1: Please **print** each candidate's name and contact information legibly.

1	Date of Birth	Prerequisites checked															Bronze Cross Result	CPR-C with AED Result		
		Rescue Drill	Fitness challenge	Endurance Challenge	First aid assessment	On-rescuer CPR	Two-rescuer CPR	Obstructed Airway: conscious adult/child	Obstructed airway: conscious infant	Obstructed Airway: unconscious	Hypothermia	Walk, spot & evaluate	Spinal Injury Management	Team Search	Rescue 1: multiple victims	Rescue 2: submerged victim			Rescue 3: two rescuers	Rescue 4: injured victim
		*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13			*14	15
* Items are Instructor Evaluated																				
Address		Prerequisites															Original Date Earned: _____ Location: _____			
City Postal Code		Original Recert Bronze Cross															Date Earned: _____ Location: _____			
Email Phone																	Date Earned: _____ Location: _____			
Address		Prerequisites															Original Date Earned: _____ Location: _____			
City Postal Code		Original Recert Bronze Cross															Date Earned: _____ Location: _____			
Email Phone																	Date Earned: _____ Location: _____			
Address		Prerequisites															Original Date Earned: _____ Location: _____			
City Postal Code		Original Recert Bronze Cross															Date Earned: _____ Location: _____			
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Email Phone																	Date Earned: _____ Location: _____			
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City Postal Code		Original Recert Bronze Cross															Date Earned: _____ Location: _____			
Email Phone																	Date Earned: _____ Location: _____			
Address		Prerequisites															Original Date Earned: _____ Location: _____			
City Postal Code		Original Recert Bronze Cross															Date Earned: _____ Location: _____			
Email Phone																	Date Earned: _____ Location: _____			

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

This test sheet is Page _____ of _____ pages.

Instructor Information Instructor Name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____		Exam Information Exam Date _____ Exam is: YY MM DD <input type="checkbox"/> Original or <input type="checkbox"/> Recert Facility Name _____ Telephone _____	
Awards Information <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued		Examiner Information Name _____ ID# _____ E-mail Address _____ Telephone _____ Signature _____	
Payment Information <input type="checkbox"/> Exam Fees Attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: Host Name _____ Telephone _____ Street Address _____ City _____ Prov _____ PC _____			



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

Candidate ID	Date of Birth	Prerequisites Checked															Bronze Cross Result	CPR-C with AED Result		
		Rescue Drill	Fitness Challenge	Endurance Challenge	First aid assessment	On-rescuer CPR	Two-rescuer CPR	Obstructed Airway: conscious adult/child	Obstructed airway: conscious infant	Obstructed Airway: unconscious	Hypothermia	Walk, spot & evaluate	Spinal Injury Management	Team Search	Rescue 1: multiple victims	Rescue 2: submerged victim			Rescue 3: two rescuers	Rescue 4: injured victim
		*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13			*14	15
* Items are Instructor Evaluated																				
7																				
Address	Year	Prerequisites																		
City	Postal Code	Original	Bronze Medallion	Date Earned:	Location:															
Email	Phone	Recert	Bronze Cross	Date Earned:	Location:															
8																				
Address	Year	Prerequisites																		
City	Postal Code	Original	Bronze Medallion	Date Earned:	Location:															
Email	Phone	Recert	Bronze Cross	Date Earned:	Location:															
9																				
Address	Year	Prerequisites																		
City	Postal Code	Original	Bronze Medallion	Date Earned:	Location:															
Email	Phone	Recert	Bronze Cross	Date Earned:	Location:															
10																				
Address	Year	Prerequisites																		
City	Postal Code	Original	Bronze Medallion	Date Earned:	Location:															
Email	Phone	Recert	Bronze Cross	Date Earned:	Location:															
11																				
Address	Year	Prerequisites																		
City	Postal Code	Original	Bronze Medallion	Date Earned:	Location:															
Email	Phone	Recert	Bronze Cross	Date Earned:	Location:															
6																				
Address	Year	Prerequisites																		
City	Postal Code	Original	Bronze Medallion	Date Earned:	Location:															
Email	Phone	Recert	Bronze Cross	Date Earned:	Location:															

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

This test sheet is Page _____ of _____ pages.

Instructor Information

Instructor Name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Host Name _____ Telephone _____

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

Exam Information

Exam Date _____ Exam is:

YY MM DD Original or Recert

Facility Name _____ Telephone _____

Examiner Information

Name _____ ID# _____

E-mail Address _____

Telephone _____ Signature _____