



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Medallion Recertification

(Revised 2020)

This test sheet for Recertification exam candidates only.

Side 1: Please record each candidate's name and contact information accurately.

Date of birth	Prerequisites checked	Self-rescue	Defences and releases	Submerged victim recovery	Endurance challenge – 400 m or yd.	Rescue 1: from land	Rescue 2: open water	Rescue 3: non-breathing victim	Result
		5	9	12	15	17	18	19	

1 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:			Location:		
2 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:			Location:		
3 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:			Location:		
4 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:			Location:		
5 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:			Location:		
6 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:			Location:		

Check box if there are more candidates on the reverse side of this page.
 - Satisfactory Performance
 - Fail
 Total Pass for Exam Total Fail for Exam

This is Page _____ of _____ Pages.

Invoicing Information Host name (Affiliate or Organization paying the exam fees) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____	Individual who examined the candidates Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____
Exam Information Exam date: _____ YY MM DD Facility name (e.g., name of pool) _____ Telephone _____	



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Side 2: Please record each candidate's name and contact information accurately.

Date of birth	Prerequisites checked	Self-rescue	Defences and releases	Submerged victim recovery	Endurance challenge - 400 m or yd.	Rescue 1: from land	Rescue 2: open water	Rescue 3: non-breathing victim	Result
7									
Name.....	Year	Prerequisites:							
Address.....	Month	Bronze Medallion Date earned: Location:							
City..... Postal Code	Day								
E-mail Phone									
8									
Name.....	Year	Prerequisites:							
Address.....	Month	Bronze Medallion Date earned: Location:							
City..... Postal Code	Day								
E-mail Phone									
9									
Name.....	Year	Prerequisites:							
Address.....	Month	Bronze Medallion Date earned: Location:							
City..... Postal Code	Day								
E-mail Phone									
10									
Name.....	Year	Prerequisites:							
Address.....	Month	Bronze Medallion Date earned: Location:							
City..... Postal Code	Day								
E-mail Phone									
11									
Name.....	Year	Prerequisites:							
Address.....	Month	Bronze Medallion Date earned: Location:							
City..... Postal Code	Day								
E-mail Phone									
12									
Name.....	Year	Prerequisites:							
Address.....	Month	Bronze Medallion Date earned: Location:							
City..... Postal Code	Day								
E-mail Phone									
13									
Name.....	Year	Prerequisites:							
Address.....	Month	Bronze Medallion Date earned: Location:							
City..... Postal Code	Day								
E-mail Phone									

Check box if there are more candidates on the reverse side of this page. This 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) _____ Exam Information Exam date: YY MM DD	Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ () Telephone _____ Signature _____
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