



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Medallion

(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

| | | | | | | | | | | | | | | | | | | | |
|------------------------|----------------------------|----------------|------------|-------------|---------------------------------|--------------------|----------------------|-----------------------|------------------|--------|---------------------------|------------------------|----------------------------------|------------------------------------|------------------------------|---------------------|----------------------|--------------------------------|--------|
| 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* | 13* | 14* | 15* | 16* | 17 | 18 | 19 | Result |
| The Lifesaving Society | Drowning Chain of Survival | Rescue process | Cold water | Self-rescue | Swimming and lifesaving strokes | Victim recognition | Entries and removals | Defences and releases | Tows and carries | Search | Submerged victim recovery | Drowning resuscitation | Rescue drill: approach and carry | Endurance challenge – 400 m or yd. | Risk assessment and response | Rescue 1: from land | Rescue 2: open water | Rescue 3: non-breathing victim | |

*Items are instructor evaluated

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| 1 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | | | | | | |
| | Month | Prerequisites: | | | | | | | | | | | | | | | | | | | |
| | Day | 13 years old OR Bronze Star | | | | | | | | | Date earned: | | | | | | | | | Location: | |
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| 2 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | | | | | | |
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Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance - Fail

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Total Pass for Exam Total Fail for Exam

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| Invoicing Information Host name (Affiliate or Organization paying the exam fees) Telephone () Street address City Prov. Postal code | Instructor Information Instructor's name ID# E-mail address () Telephone Signature | |
| | Individual who examined the candidates Same as Instructor <input type="checkbox"/> or Examiner's name ID# | |
| | Individual who apprenticed on the exam Same as Instructor <input type="checkbox"/> or Apprentice's name ID# | |
| | Exam Information Exam date: YY MM DD Facility name (e.g., name of pool) Telephone () | |



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Result

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| 7 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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.

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| Invoicing Information Host name (Affiliate or Organization paying the exam fees) _____ 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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