

## AQUATIC EMERGENCY CARE TEST SHEET

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

	Prerequisites Checked (attach other agency Standard First Aid to test sheet)	Aquatic Spinal Injury Management	Pressure Related Injuries	Shallow Water Rescues	Result (Pass /Fail)
NAME					
DATE OF BIRTH YY / MM / DD GENDER <input type="checkbox"/> M <input type="checkbox"/> F					
ADDRESS					
CITY P.C. PH.					
E-MAIL					
NAME					
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ADDRESS					
CITY P.C. PH.					
E-MAIL					

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 \_\_\_\_

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

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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 Aquatic Emergency Care Candidates.