



LIFESAVING SOCIETY®
The Lifeguarding Experts

First Aid Test Sheet

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Lifesaving Emergency First Aid Original

Lifesaving Standard First Aid Original Recertification

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

Prerequisites Checked	Awareness Items Introduced	First Aid in the Workplace	Personal Protection and Prevention of Disease Transmission	First Aider Communication	Transportation of Workers	Anatomy and Physiology for First Aid	Scene and Primary Assessment	AED Operation	One Rescuer CPR (Adult / Child / Infant)	Two Rescuer CPR	Obstructed Airway - Conscious Casualty	Obstructed Airway - Unconscious Casualty	Respiratory and Circulatory Emergencies	Unconsciousness and Fainting	Burns	Head/Spinal/Facial Injury	Environmental Illness and Injury	Emergency Scene Management	Critical Incident Stress	Wounds	Occupational Stress Injury	Secondary Assessment	Chest and Abdominal Injuries	Bone and Joint Injuries	Diabetes and Seizures and Poisoning	Test Score (%)	Result (Pass / Fail)
Lifesaving Emergency First Aid																											
Lifesaving Standard First Aid																											
NAME																											
DATE OF BIRTH YY / MM / DD			GENDER <input type="checkbox"/> M <input type="checkbox"/> F																								
ADDRESS																											
CITY			P.C.												PH.												
E-MAIL																											
NAME																											
DATE OF BIRTH YY / MM / DD			GENDER <input type="checkbox"/> M <input type="checkbox"/> F																								
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DATE OF BIRTH YY / MM / DD			GENDER <input type="checkbox"/> M <input type="checkbox"/> F																								
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E-MAIL																											
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DATE OF BIRTH YY / MM / DD			GENDER <input type="checkbox"/> M <input type="checkbox"/> F																								
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		EXAMINER INFORMATION	
INSTRUCTOR'S NAME	ID#	EXAMINER'S NAME	ID#
E-MAIL	PH.	E-MAIL	PH.
SIGNATURE		SIGNATURE	

COURSE INFORMATION	
YY / MM / DD	
FACILITY NAME	PH.
AFFILIATE NAME	PH.

E-Mail (Awards@LifeSaving.org) completed test sheet to the Lifesaving Society Branch Office promptly after the exam. Retain one copy for affiliate records. Do not send cash by mail.

First Aid Test Sheet

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Course Information	
COURSE <input type="checkbox"/> EFA <input type="checkbox"/> SFA	<input type="checkbox"/> Original <input type="checkbox"/> Recert
EXAM DATE YY / MM / DD	
AFFILIATE NAME	
INSTRUCTOR'S NAME	
SIGNATURE	
EXAMINER'S NAME	
SIGNATURE	

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This page may be used for additional First Aid Candidates.