



Pool

Revised 2022

This test sheet is for original exam candidates only.

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

Gender

Date of birth

	1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12a	12b	Result	
	Lifeguarding theory & practice	Pool facility analysis	Rescue aid proficiency	Entries & removals	Rescue drill	Underwater swim	Object recovery	Sprint challenge	Endurance challenge	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team		
1	* Items are instructor-evaluated																						
Last name																							
First name																							
Address																							
City																							
Prov.																							
Postal Code																							
E-mail																							
Phone																							
2																							
Last name																							
First name																							
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E-mail																							
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Address																							
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Prov.																							
Postal Code																							
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Phone																							
4																							
Last name																							
First name																							
Address																							
City																							
Prov.																							
Postal Code																							
E-mail																							
Phone																							

Prerequisites

Bronze Cross Date earned: _____ Location: _____
Standard 1st Aid Date earned: _____ Location: _____

Prerequisites

Bronze Cross Date earned: _____ Location: _____
Standard 1st Aid Date earned: _____ Location: _____

Prerequisites

Bronze Cross Date earned: _____ Location: _____
Standard 1st Aid Date earned: _____ Location: _____

Prerequisites

Bronze Cross Date earned: _____ Location: _____
Standard 1st Aid Date earned: _____ Location: _____

☐

Check this box if there are more candidates on the reverse side of this page.

This test sheet is Page _____ of _____ Pages



- Satisfactory Performance



- Fail

Total Pass
for Exam

Total Fail
for Exam

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) () Telephone
Street address
City Prov. Postal code

Exam Information

Exam date: YY MM DD
Facility name (e.g., name of pool) () Telephone

Instructor Information

Instructor's name ID#
E-mail address ()
Telephone Signature

Individual who examined the candidates Same as Instructor ☐ or

Examiner's name ID#
E-mail address ()
Telephone Signature

Individual who apprenticed on the exam Same as Instructor ☐ or

Apprentice's name ID#

