



# Waterfront Recertification

Revised 2022

This test sheet is for recertification exam candidates only.

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

Prerequisites checked	Use of rescue craft	Sprint challenge	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result	
											7
<b>1</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Date of birth	Prerequisites									
		National Lifeguard Waterfront Date earned: _____ Location: _____									
<b>2</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Date of birth	Prerequisites									
		National Lifeguard Waterfront Date earned: _____ Location: _____									
<b>3</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Date of birth	Prerequisites									
		National Lifeguard Waterfront Date earned: _____ Location: _____									
<b>4</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Date of birth	Prerequisites									
		National Lifeguard Waterfront 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 waterfront) \_\_\_\_\_ Telephone \_\_\_\_\_

### Individual who examined the candidates

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Signature \_\_\_\_\_



# NATIONAL LIFEGUARD

## Waterfront Recertification

Revised 2022

This test sheet is for recertification exam candidates only.

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

Candidate #	Gender	Date of birth	Prerequisites checked										Result	
			Use of rescue craft	Sprint challenge	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team			
			7	8a	8b	10b	12a	12b	12d	13a	13b			
5	M F	Year Month Day	Prerequisites National Lifeguard Waterfront Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
			City Prov. Postal Code											
6	M F	Year Month Day	Prerequisites National Lifeguard Waterfront Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
			City Prov. Postal Code											
7	M F	Year Month Day	Prerequisites National Lifeguard Waterfront Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
			City Prov. Postal Code											
8	M F	Year Month Day	Prerequisites National Lifeguard Waterfront Date earned: _____ Location: _____											
			Last name											
			First name											
			Address											
			City Prov. Postal Code											

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

<b>Invoicing Information</b>  Host name (Affiliate or Organization paying the exam fees) _____	<b>Individual who examined the candidates</b> Same as Side 1 <input type="checkbox"/> (sign below) or  Examiner's name _____ ID# _____  E-mail address _____  ( ) _____ Telephone _____ Signature _____
<b>Exam Information</b>  Exam date: ____ YY ____ MM ____ DD	