



# NATIONAL LIFEGUARD Waterpark Recertification

Revised 2025

This test sheet is for recertification exam candidates only.

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

Gender

Date of birth

Prerequisites checked

Sprint challenge

Object recovery

Positioning & rotation

Scanning & observation

Mgmt: distressed or drowning victim

Mgmt: submerged, non-breathing victim

Mgmt: spinal-injured victims

Mgmt: injured victim

Lifeguard situations: team

Result

1  
Last name ☐ M ☐ F  
First name ☐ F  
Address ☐ X  
City Prov. Postal Code  
E-mail  
Phone

Year

Month

Day

## Prerequisites

National Lifeguard  
Waterpark

Date earned: \_\_\_\_\_ Location: \_\_\_\_\_

2  
Last name ☐ M ☐ F  
First name ☐ F  
Address ☐ X  
City Prov. Postal Code  
E-mail  
Phone

Year

Month

Day

## Prerequisites

National Lifeguard  
Waterpark

Date earned: \_\_\_\_\_ Location: \_\_\_\_\_

3  
Last name ☐ M ☐ F  
First name ☐ F  
Address ☐ X  
City Prov. Postal Code  
E-mail  
Phone

Year

Month

Day

## Prerequisites

National Lifeguard  
Waterpark

Date earned: \_\_\_\_\_ Location: \_\_\_\_\_

4  
Last name ☐ M ☐ F  
First name ☐ F  
Address ☐ X  
City Prov. Postal Code  
E-mail  
Phone

Year

Month

Day

## Prerequisites

National Lifeguard  
Waterpark

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

## Individual who examined the candidates

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

## Exam Information

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

## Individual who apprenticed on the exam

Apprentice's name ID#



# NATIONAL LIFEGUARD Waterpark Recertification

Revised 2025

*This test sheet is for recertification exam candidates only.*

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

Gender

Date of birth

Prerequisites checked

Sprint challenge

Object recovery

Positioning & rotation

Scanning & observation

Mgmt: distressed or drowning victim

Mgmt: submerged, non-breathing victim

Mgmt: spinal-injured victims

Mgmt: injured victim

Lifeguard situations: team

Result

5  
Last name ☐ M ☐ F  
First name ☐ M ☐ F  
Address ☐ X  
City Prov. Postal Code  
E-mail  
Phone

Year

Month

Day

## Prerequisites

National Lifeguard  
Waterpark

Date earned: \_\_\_\_\_ Location: \_\_\_\_\_

6  
Last name ☐ M ☐ F  
First name ☐ M ☐ F  
Address ☐ X  
City Prov. Postal Code  
E-mail  
Phone

Year

Month

Day

## Prerequisites

National Lifeguard  
Waterpark

Date earned: \_\_\_\_\_ Location: \_\_\_\_\_

7  
Last name ☐ M ☐ F  
First name ☐ M ☐ F  
Address ☐ X  
City Prov. Postal Code  
E-mail  
Phone

Year

Month

Day

## Prerequisites

National Lifeguard  
Waterpark

Date earned: \_\_\_\_\_ Location: \_\_\_\_\_

8  
Last name ☐ M ☐ F  
First name ☐ M ☐ F  
Address ☐ X  
City Prov. Postal Code  
E-mail  
Phone

Year

Month

Day

## Prerequisites

National Lifeguard  
Waterpark

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

**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.

## Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

Individual who examined the candidates Same as Side 1 ☐ (sign below) or

Examiner's name

ID#

## Exam Information

Exam date: \_\_\_\_\_  
YY MM DD

E-mail address

( )  
Telephone

Signature