



# Waterfront

Revised 2012

Side 1: Please **print** each candidate's name and contact information legibly.

Prerequisites checked	* Items are instructor-evaluated											† Items are mandatory during recert				Result		
	1*	2a*	2b*	2c*	3*	4*	5a*	5b*	5c*	6*	7*	8*	9*	10a*	10b*		10c*	10d*
Lifeguarding theory & practice																		
Run-swim-tow †																		
Rescue sprint †																		
Victim carry †																		
Waterfront facility analysis																		
Lifeguard communication																		
Scanning & observation																		
Positioning & rotation																		
Intervention																		
Entries & removals																		
Use of rescue craft †																		
Skin diving skills																		
Search: missing person																		
Mgmt: distressed or drowning victim †																		
Mgmt: submerged, non-breathing victim †																		
Mgmt: spinal-injured victim †																		
Mgmt: injured swimmer †																		
Lifeguarding situations †																		

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

**Instructor information**

Instructor's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Exam information**

Exam date: \_\_\_\_\_ YY MM DD    Exam is:  Original **OR**  Recert

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**Awards information**     Awards issued by affiliate     Awards not issued

**Payment information**     Exam fees attached     Exam fees not attached

Send invoice or receipt to:

Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

**This section to be completed by the NLS Examiner who examined the candidates.**

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_



# Waterfront

Revised 2012

Side 2: Please **print** each candidate's name and contact information legibly.

Prerequisites checked	* Items are instructor-evaluated											† Items are mandatory during recert				Result		
	1*	2a*	2b*	2c*	3*	4*	5a*	5b*	5c*	6*	7*	8*	9*	10a*	10b*		10c*	10d*
	Lifeguarding theory & practice	Run-swim-tow †	Rescue sprint †	Victim carry †	Waterfront facility analysis	Lifeguard communication	Scanning & observation	Positioning & rotation	Intervention	Entries & removals	Use of rescue craft †	Skin diving skills	Search: missing person	Mgmt: distressed or drowning victim †	Mgmt: submerged, non-breathing victim †	Mgmt: spinal-injured victim †	Mgmt: injured swimmer †	Lifeguarding situations †
5	<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>Last name <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>First name</p> <p>Address</p> <p>City Prov. Postal Code</p> <p>E-mail</p> <p>Phone</p> </div> <div style="width: 25%;"> <p>Year</p> <p>Month</p> <p>Day</p> </div> <div style="width: 45%;"> <p>Prereq.: Original: &lt; Bronze Cross Standard 1st Aid NLS Date earned: _____ Location: _____</p> <p>Recert: _____ Date earned: _____ Location: _____</p> </div> </div>																	
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This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages

- Satisfactory Performance

- Fail

Total Pass for Exam

Total Fail for Exam

Host name (Affiliate)

Telephone

Please complete Instructor, Awards and Payment information sections on Side 1 of the test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.

### Exam information

Exam date: \_\_\_\_\_ YY MM DD  
Exam is:  Original OR  Recert

Facility name (e.g., name of pool)

Telephone

**This section to be completed by the NLS Examiner who examined the candidates.**

Examiner's name

ID#

E-mail address

Telephone

Signature