



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross

(Revised 2020)

This test sheet for original exam candidates only.

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

Date of birth

Prerequisites checked

| | | | | | | | | | | | | | | | | |
|------------------------|--------------------|------------------------|--|---------------|----------------------|------------------------------------|-------------|------------------------------------|--------------------------|-------------------------------|--|------------------------------------|-----------------------------|---------------------------------------|---------------------------------------|--------------------------------|
| 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* | 13* | 14* | 15 | 16 | 17 |
| The Lifesaving Society | Non-fatal drowning | Shallow water blackout | Assistant lifeguard roles and responsibilities | Communication | Two-rescuer removals | Surface dives and underwater swims | Team search | Two-rescuer drowning resuscitation | Spinal injury management | Object recovery and transport | Rescue drill: recover submerged victim | Endurance challenge – 400 m or yd. | Safety supervision scanning | Two-person rescue 1: multiple victims | Two-person rescue 2: submerged victim | Assistant lifeguard situations |

Result

* Items are instructor evaluated

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|---|-------|------------------|--|--|--------------|--|--|--|-----------|--|--|--|--|--|--|--|
| 1 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | |
| | Month | Prerequisites: | | | | | | | | | | | | | | |
| | Day | Bronze Medallion | | | Date earned: | | | | Location: | | | | | | | |
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| 2 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | |
| | Month | Prerequisites: | | | | | | | | | | | | | | |
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| 3 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | |
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| 4 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | |
| | Month | Prerequisites: | | | | | | | | | | | | | | |
| | Day | Bronze Medallion | | | Date earned: | | | | Location: | | | | | | | |
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| 5 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | |
| | Month | Prerequisites: | | | | | | | | | | | | | | |
| | Day | Bronze Medallion | | | Date earned: | | | | Location: | | | | | | | |
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| 6 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | |
| | Month | Prerequisites: | | | | | | | | | | | | | | |
| | Day | Bronze Medallion | | | Date earned: | | | | Location: | | | | | | | |
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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

This test sheet is Page _____ of _____ Pages.

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| Invoicing Information Host name (Affiliate or Organization paying the exam fees) Telephone () Street address City Prov. Postal code | Instructor Information Instructor's name ID# E-mail address () Telephone Signature | |
| | Individual who examined the candidates Same as Instructor <input type="checkbox"/> or Examiner's name ID# E-mail address () Telephone Signature | |
| | Individual who apprenticed on the exam Same as Instructor <input type="checkbox"/> or Apprentice's name ID# | |
| Exam Information Exam date: YY MM DD Facility name (e.g., name of pool) Telephone () | | |



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross

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This test sheet for original exam candidates only.

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

Date of birth

| Prerequisites checked | | | | | | | | | | | | | | | | | Result |
|--|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|----|----|----|--------|
| 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* | 13* | 14* | 15 | 16 | 17 | |
| The Lifesaving Society | | | | | | | | | | | | | | | | | |
| Non-fatal drowning | | | | | | | | | | | | | | | | | |
| Shallow water blackout | | | | | | | | | | | | | | | | | |
| Assistant lifeguard roles and responsibilities | | | | | | | | | | | | | | | | | |
| Communication | | | | | | | | | | | | | | | | | |
| Two-rescuer removals | | | | | | | | | | | | | | | | | |
| Surface dives and underwater swims | | | | | | | | | | | | | | | | | |
| Team search | | | | | | | | | | | | | | | | | |
| Two-rescuer drowning resuscitation | | | | | | | | | | | | | | | | | |
| Spinal injury management | | | | | | | | | | | | | | | | | |
| Object recovery and transport | | | | | | | | | | | | | | | | | |
| Rescue drill: recover submerged victim | | | | | | | | | | | | | | | | | |
| Endurance challenge - 400 m or yd. | | | | | | | | | | | | | | | | | |
| Safety supervision scanning | | | | | | | | | | | | | | | | | |
| Two-person rescue 1: multiple victims | | | | | | | | | | | | | | | | | |
| Two-person rescue 2: submerged victim | | | | | | | | | | | | | | | | | |
| Assistant lifeguard situations | | | | | | | | | | | | | | | | | |

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| 7 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | | | |
| | Month | Prerequisites: | | | | | | | | | | | | | | | | |
| | Day | Bronze Medallion | | | Date earned: | | | | Location: | | | | | | | | | |
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| | Day | Bronze Medallion | | | Date earned: | | | | Location: | | | | | | | | | |
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| | Month | Prerequisites: | | | | | | | | | | | | | | | | |
| | Day | Bronze Medallion | | | Date earned: | | | | Location: | | | | | | | | | |
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Check box if there are more candidates on the reverse side of this page. This is Page of Pages. - Satisfactory Performance F - 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.

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