



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross

(Revised 2024)

This test sheet for original exam candidates only.

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

**Items are instructor evaluated*

	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	
	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15	16	17		
1 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																			
Prerequisites checked: <input type="checkbox"/>																			
Bronze Medallion Date Earned: _____ Location: _____																			
Emergency First Aid Date Earned: _____ Location: _____																			
2 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																			
Prerequisites checked: <input type="checkbox"/>																			
Bronze Medallion Date Earned: _____ Location: _____																			
Emergency First Aid Date Earned: _____ Location: _____																			
3 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																			
Prerequisites checked: <input type="checkbox"/>																			
Bronze Medallion Date Earned: _____ Location: _____																			
Emergency First Aid Date Earned: _____ Location: _____																			
4 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																			
Prerequisites checked: <input type="checkbox"/>																			
Bronze Medallion Date Earned: _____ Location: _____																			
Emergency First Aid Date Earned: _____ Location: _____																			

Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

– 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# _____



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross

(Revised 2024)

This test sheet for original exam candidates only.

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

**Items are instructor evaluated*

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
1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15	16	17	

5
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

Bronze Medallion Date Earned: _____ Location: _____
Emergency First Aid Date Earned: _____ Location: _____

6
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

Bronze Medallion Date Earned: _____ Location: _____
Emergency First Aid Date Earned: _____ Location: _____

7
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

Bronze Medallion Date Earned: _____ Location: _____
Emergency First Aid Date Earned: _____ Location: _____

8
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

Bronze Medallion Date Earned: _____ Location: _____
Emergency First Aid Date Earned: _____ Location: _____

Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

– 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 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 _____