



Pool Recertification

(Revised 2024)

This test sheet for Recertification exam candidates only.

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

Object recovery	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
6b	6c	6d	8b	11a	11b	11d	12a	12b	Result

1
Name _____
Gender M F
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

National Lifeguard Pool Date Earned: _____ Location: _____

2
Name _____
Gender M F
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

National Lifeguard Pool Date Earned: _____ Location: _____

3
Name _____
Gender M F
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

National Lifeguard Pool 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 _____

Individual who examined the candidates

Examiner's name _____ ID# _____
E-mail address _____

Exam Information

Exam Date: _____
YY MM DD

Facility name (e.g. name of pool) _____ Telephone () _____

()
Telephone _____ Signature _____



Pool Recertification

(Revised 2024)

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

Object recovery	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
6b	6c	6d	8b	11a	11b	11d	12a	12b	

4
Name _____
Gender M F
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

National Lifeguard Pool Date Earned: _____ Location: _____

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

Prerequisites checked:

National Lifeguard Pool Date Earned: _____ Location: _____

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

Prerequisites checked:

National Lifeguard Pool 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 Total Pass for Exam Total Fail for Exam

X – Fail

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 _____