



LIFESAVING SOCIETY
The Lifeguarding Experts

Basic First Aid with CPR-C (Revised 2025)

CSA Z1210-17

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

Date of birth	Awareness items introduced	Goals of first aid	Legal implications of first aid	PPE & disease transmission	Anatomy and physiology	Assessments & communication	CPR with AED skills: adult child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Respiratory emergencies	Circulatory emergencies	Wounds	Care of unconscious victim	Written test	Result
1 Name Address Apt # City Postal Code E-mail Phone Year Month Day															
2 Name Address Apt # City Postal Code E-mail Phone Year Month Day															
3 Name Address Apt # City Postal Code E-mail Phone Year Month Day															
4 Name Address Apt # City Postal Code E-mail Phone Year Month Day															
5 Name Address Apt # City Postal Code E-mail Phone Year Month Day															

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

- Satisfactory Performance **F** - Fail

Total Pass for Exam

Total Fail for Exam

Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to:

()
 Host name (Affiliate) Telephone
 Street address
 City Prov. Postal code

Exam information

Exam date: YY MM DD Exam is: Original **OR** Recert
 Facility name (e.g., name of pool) Telephone

Instructor information

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

This section to be completed by the instructor who examined the candidates.

Name ID# (optional)
 E-mail address ()
 Telephone Signature required



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Basic First Aid
with CPR-C (Revised 2025)
CSA Z1210-17

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

Date of birth	Awareness items introduced	Goals of first aid	Legal implications of first aid	PPE & disease transmission	Anatomy and physiology	Assessments & communication	CPR with AED skills: adult child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Respiratory emergencies	Circulatory emergencies	Wounds	Care of unconscious victim	Written test	Result
	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	
6 Name Address Apt # City Postal Code E-mail Phone															
7 Name Address Apt # City Postal Code E-mail Phone															
8 Name Address Apt # City Postal Code E-mail Phone															
9 Name Address Apt # City Postal Code E-mail Phone															
10 Name Address Apt # City Postal Code E-mail Phone															

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

- Satisfactory Performance **F** - Fail Total Pass for Exam Total Fail for Exam

Host name (Affiliate) _____
() _____
Telephone _____

Please complete Instructor 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 Instructor who examined the candidates.

Name _____ ID# (optional) _____

E-mail address _____
() _____
Telephone _____ Signature required _____