



LIFESAVING SOCIETY
The Lifeguarding Experts

Standard First Aid with CPR-C (Revised 2014)

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

Date of birth	Emergency First Aid Award Items	Two-rescuer CPR with AED skills: adult, child and infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result									
	1	2	3	4	5	6	7	8	9	10												
1 Name Address Apt # City Postal Code E-mail Phone	Year	Month	Day	Original Standard First Aid: Date earned: _____ Location: _____																		
					2 Name Address Apt # City Postal Code E-mail Phone	Year	Month	Day	Original Standard First Aid: Date earned: _____ Location: _____													
										3 Name Address Apt # City Postal Code E-mail Phone	Year	Month	Day	Original Standard First Aid: Date earned: _____ Location: _____								
															4 Name Address Apt # City Postal Code E-mail Phone	Year	Month	Day	Original Standard First Aid: Date earned: _____ Location: _____			
5 Name Address Apt # City Postal Code E-mail Phone	Year	Month	Day	Original Standard 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 _____ 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:

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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

First Aid Instructor information

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

This section to be completed by the Standard First Aid Examiner who examined the candidates.

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



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

Date of birth	Emergency First Aid Award Items	Two-rescuer CPR with AED skills: adult, child and infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result
	1	2	3	4	5	6	7	8	9	10			
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 _____													

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

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 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 Standard First Aid Examiner who examined the candidates.

Name _____ ID# (optional) _____

E-mail address _____
 () _____

Telephone _____ Signature required _____