| 9 | LIFESAVING SOCIETY The Lifeguarding Experts Intermediate 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 | Basic First Aid Award items | Suspected spinal injury | Environmental emergencies | Musculoskeletal injuries | Chest injuries | Suspected head injury | Seizure | Diabetes | Poisoning | Mental health emergencies | Anaphylaxis | Written test | Result |
|------------------|--|---------------|-----------------------------|---|---|--------------------------|----------------|-----------------------|----------------|------------------|-----------|---------------------------|-----------------|--------------|---------|
| 1 Name | | Year | | | | | | | | | | | | | |
| Address | Apt# | | | | | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | | | | |
| E-mail | | Day | Original Is | . to 200 o dia | to First Ais | . Data a | | | | | Location | | | | |
| Phone 2 | | + | Originarii | itermeula | ate First Aid | . Date e | arrieu | | | | Location | l | | | |
| Name | A-1# | Year | | | | | | | | | | | | | |
| Address City | Apt# Postal Code | Month | | | | | | | | | | | | | |
| E-mail | r dsal code | WOULT | | | | | | | | | | | | | |
| Phone | | Day | Original Ir | ntermediate First Aid: Date earned: Location: | | | | | | | | | | | |
| 3 Name | | Year | | | | | | | | | | | | | |
| Address | Apt# | Year | | | | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | | | | |
| E-mail | | Day | 0 | . " | | | <u> </u> | | | | 1 0 | | | | |
| Phone 4 | | + - | Original ir | ntermedia | ate First Aid | : Date e | arned: | | | | Location | 1: | | | |
| Name | | Year | | | | | | | | | | | | | |
| Address | Apt# | Month | | | | | | | | | | | | | |
| | Postal Code | Month | | | | | | | | | | | | | |
| E-mail Phone | | Day | Original Ir | ntermedia | ate First Aid | : Date e | arned: | | | | Location | 1: | | | |
| 5 Name | | | | | | | | | | | | | | | |
| Address | Apt# | Year | | | | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | | | | |
| Phone | | Day | | | ate First Aid | : Date e | arned: | | | | Location | 1: | | | |
| | Check box if there are more candidates on the rever This test sheet is Page of Pages. | rse side d | of this pa | | | | | rmance | F - Fai | Total I for E | | | Total for Ex | | |
| | ent information Exam fees attached Example Exa | am fees no | t attached | | Instructor | | | 1 | | | | | | ID# | |
| Host na | ost name (Affiliate) () Telephone | | | | E-mail address () | | | | | | | | | | |
| Street address | | | | | Telephone Signature required This section to be completed by the Instructor who examined the candidates. | | | | | | | | | | |
| City | Prov. | Po | stal code | | | | | | | | | | | | |
| Exam | information Exam is: | | | | Name | | | | | | | | | ID# (op | tional) |
| Exam | late: Original | OR □ | Recert | | E-mail a | ddress | | | | | | | | | |
| Facility | name (e.g., name of pool) Telephor | ne | | — . | _ <u>\</u> Telenhone | | | | L Sia | nature red | nuired | | | | |

| | LIFESAVING SOCIETY The Lifeguarding Experts Intermediate 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 | Basic First Aid Award items | Suspected spinal injury | Environmental emergencies | Musculoskeletal injuries | Chest injuries | Suspected head injury | Seizure | Diabetes | Poisoning | Mental health emergencies | Anaphylaxis | Written test | Result |
|---|---|---------------|-----------------------------|---|---|--------------------------|----------------|-----------------------|---------------|----------------------|--------------|---------------------------|-----------------|--------------|----------|
| 6 Name | | Year | | | | | | | | | | | | | |
| Address | Apt# | | | | | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | | | | |
| E-mail | | Day | Original In | termedia | te Firet Δin | · Date e | arned. | | | | Location | | | | |
| Phone 7 | | | Originarin | Original Intermediate First Aid: Date earned: Location: | | | | | | | | | | | |
| Name | Ani # | Year | | | | | | | | | | | | | |
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| 8 Name | | Year | | | | | | | | | | | | | |
| Address | Apt# | tear | | | | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | | | | |
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| Phone 9 | | , | Original In | termedia | te First Aid | : Date ea | arned: | | | | Location | 1: | | | |
| Name | | Year | | | | | | | | | | | | | |
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| E-mail Phone | | Day | Original In | termedia | te First Aid | : Date ea | arned: | | | | Location |] : | | | <u> </u> |
| 10 Name | | | | | | | | | | | | | | | |
| Address | Apt# | Year | | | | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | | | | |
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| | Check box if there are more candidates on the reversible test sheet is Page of Pages. | se side o | f this pa | ge. | V - 9 | atisfacto | ry Perfor | mance | F - Fa | Total ail for E | Pass Exam | | Total for Ex | | |
| 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 | | | | | This section to be completed by the Instructor who examined the candidates. | | | | | | | | | | |
| Exam is: Exam date: Driginal OR Recert | | | | | | | | | | | | | | | |
| Exam date: | | | | | Name ID# (optional) | | | | | | | | | | |
| Facility name (e.g., name of pool) | | | | | E-mail address | | | | | | | | | | |
| () Telephone | | | | | () Lephone Signature required | | | | | | | | | | |