



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 _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
2 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
3 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
4 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
5 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

Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to: _____

 Host name (Affiliate) _____ Telephone _____

 Street address _____

 City _____ Prov. _____ Postal code _____

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 _____

Exam information

Exam date: _____ Exam is: Original **OR** Recert

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



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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 _____ 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.
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Exam information Exam date: ____ YY ____ MM ____ DD Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> 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 _____
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