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	,														
Address	Apt#	Year 													
City	Postal Code	Month													
E-mail		Day													
Phone 2		Day	Original Ir	ntermedia	nediate First Aid: Date earned: Location:										
Name		Year													
Address	Apt#														
City	Postal Code	Month													
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3 Name															
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4 Name		Year													
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Phone 5		+	Originarii	itermedic	ate i iist Ald	. Date 6	arrieu			Τ	Location				
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	Check box if there are more candidates on the revel This test sheet is Page of Pages.	rse side d	of this pa	ge.	<b>V</b> -S	atisfacto	ory Perfo	rmance	<b>F</b> - Fai	Total     for E			Total for Ex		
	ent information Exam fees attached Example or receipt to:	am fees no	t attached		Instructor			1						ID#	
Host 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 date: Original OR Recert					E-mail address										
Facility	name (e.g., name of pool) Telephor	ne		.	<u> </u>				L_ Sin	ınature red	uired				

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 Int	termedia	to First Aid	· Data as	arned:				Location					
Phone		Original ini	I Intermediate First Aid: Date earned: Location:												
Name	Year														
Address Apt#  City Postal Code	Month														
E-mail	Worlar														
Phone	Day	Original Int	Original Intermediate First Aid: Date earned: Location:												
8 Name															
Address Apt #	Year														
City Postal Code	Month														
E-mail	Day														
Phone 9	- Buy	Original Int	termedia:	te First Aid	: Date ea	arned:				Location	:				
Name	Year														
Address Apt#															
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Phone		I							T						
Name Address Asi #	Year														
Address Apt#  City Postal Code	Month														
E-mail															
Phone	Day	Original Int	termedia	te First Aid	: Date ea	arned:				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										
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					( ) Telephone Signature required										
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