



LIFESAVING SOCIETY
The Lifeguarding Experts

Automated External Defibrillation

(Revised 2014)

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

Date of birth

AED knowledge:
use and operation

One- and two-rescuer
AED

Result

			1	2	
1	Name	Year			
	Address Apt #				
	City Postal Code	Month			
	E-mail	Day			
	Phone				
2	Name	Year			
	Address Apt #				
	City Postal Code	Month			
	E-mail	Day			
	Phone				
3	Name	Year			
	Address Apt #				
	City Postal Code	Month			
	E-mail	Day			
	Phone				
4	Name	Year			
	Address Apt #				
	City Postal Code	Month			
	E-mail	Day			
	Phone				
5	Name	Year			
	Address Apt #				
	City Postal Code	Month			
	E-mail	Day			
	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

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 Lifesaving or Standard First Aid Instructor who evaluated the AED candidates.

Name

ID# (optional)

E-mail address

()

Telephone

Signature required



LIFESAVING SOCIETY
The Lifeguarding Experts

Automated External Defibrillation

(Revised 2014)

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

Date of birth

AED knowledge:
use and operation

One- and two-rescuer
AED

Result

			1	2	
6	Name	Year			
	Address Apt #				
	City Postal Code	Month			
	E-mail	Day			
	Phone				
7	Name	Year			
	Address Apt #				
	City Postal Code	Month			
	E-mail	Day			
	Phone				
8	Name	Year			
	Address Apt #				
	City Postal Code	Month			
	E-mail	Day			
	Phone				
9	Name	Year			
	Address Apt #				
	City Postal Code	Month			
	E-mail	Day			
	Phone				
10	Name	Year			
	Address Apt #				
	City Postal Code	Month			
	E-mail	Day			
	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 Lifesaving or Standard First Aid Instructor who evaluated the AED candidates.

Name

ID# (optional)

E-mail address

()

Telephone

Signature required