



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross

(Revised 2020)

This test sheet for original exam candidates only.

Side 1: Please record each candidate's name, and contact information accurately.

| | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|-----------------------|------------------------|--------------------|------------------------|--|---------------|----------------------|------------------------------------|-------------|------------------------------------|--------------------------|-------------------------------|--|------------------------------------|-----------------------------|---------------------------------------|---------------------------------------|--------------------------------|--------|--|
| Date of birth | Prerequisites checked | | | | | | | | | | | | | | | | | | | |
| | | The Lifesaving Society | Non-fatal drowning | Shallow water blackout | Assistant lifeguard roles and responsibilities | Communication | Two-rescuer removals | Surface dives and underwater swims | Team search | Two-rescuer drowning resuscitation | Spinal injury management | Object recovery and transport | Rescue drill: recover submerged victim | Endurance challenge – 400 m or yd. | Safety supervision scanning | Two-person rescue 1: multiple victims | Two-person rescue 2: submerged victim | Assistant lifeguard situations | Result | |
| | | 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* | 13* | 14* | 15 | 16 | 17 | | |
| * Items are instructor evaluated | | | | | | | | | | | | | | | | | | | | |

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| 1 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | | | | |
| | Month | | | | | | | | | | | | | | | | | | |
| | Day | | | | | | | | | | | | | | | | | | |
| | Prerequisites: | Bronze Medallion | Date earned: | | | | | | | | | | | | | | | | |
| | Emergency 1st Aid | Date earned: | | | | | | | | | | | | | | | | | |
| | | Location: | | | | | | | | | | | | | | | | | |
| | | Location: | | | | | | | | | | | | | | | | | |

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance - Fail

Total Pass for Exam Total Fail for Exam

This test sheet is Page _____ of _____ Pages.

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| Invoicing Information | | Instructor Information | |
| Host name (Affiliate or Organization paying the exam fees) _____ Telephone _____ | | Instructor's name _____ ID# _____ | |
| Street address _____ | | E-mail address _____ | |
| City _____ Prov. _____ Postal code _____ | | Telephone _____ Signature _____ | |
| Exam Information | | Individual who examined the candidates | |
| Exam date: _____ | | Same as Instructor <input type="checkbox"/> or <input type="checkbox"/> | |
| Facility name (e.g., name of pool) _____ Telephone _____ | | Examiner's name _____ ID# _____ | |
| | | E-mail address _____ | |
| | | Telephone _____ Signature _____ | |
| | | Individual who apprenticed on the exam | |
| | | Same as Instructor <input type="checkbox"/> or <input type="checkbox"/> | |
| | | Apprentice's name _____ ID# _____ | |



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Side 2: Please record each candidate's name, and contact information accurately.

| Date of birth | Prerequisites checked | Prerequisites | | | | | | | | | | | | | | | | | Result |
|---|-----------------------|---|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|----|----|----|--------|
| | | 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* | 13* | 14* | 15 | 16 | 17 | |
| | | * Items are instructor evaluated | | | | | | | | | | | | | | | | | |
| 7 Name..... Address..... City..... Postal Code..... E-mail..... Phone..... | Year | | | | | | | | | | | | | | | | | | |
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Check box if there are more candidates on the reverse side of this page. This is Page _____ of _____ Pages. - Satisfactory Performance - Fail Total Pass for Exam Total Fail for Exam

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

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| Invoicing Information Host name (Affiliate or Organization paying the exam fees) Exam Information Exam date: ____ YY ____ MM ____ DD | Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ (_____) _____ Telephone _____ Signature _____ |
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