



LIFESAVING SOCIETY
The Lifeguarding Experts

Emergency First Aid with CPR-B (Revised 2024)

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

	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13		
1 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															
2 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															
3 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															
4 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															

Check box if there are more candidates on the reverse side of this page. This test sheet is page _____ of _____ page(s).
 – Satisfactory Performance
 – Total Pass for Exam
 – Total Fail for Exam

Please complete all sections below

Payment Information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: Host name (Affiliate) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal Code _____	Emergency or Standard First Aid Instructor information Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____
Exam Information Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Exam Date: _____ YY MM DD Facility name (e.g. name of pool) _____ Telephone _____	This section to be completed by the Emergency or Standard First Aid Instructor who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. Retain one copy for your records. Do not send cash by mail.



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

Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
5 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														
6 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														
7 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														
8 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														

Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

– 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 sheet.

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 is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Exam Date: _____ YY MM DD Facility name (e.g., name of pool) () Telephone _____	This section to be completed by the Emergency or Standard First Aid Instructor who examined the candidates. Examiner's name _____ ID# (optional) _____ E-mail address _____ () Telephone _____ Signature _____

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