



# Pool

(Revised 2024)

*This test sheet for original exam candidates only.*

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

\*Items are instructor evaluated

Lifeguarding theory & practice	Pool facility analysis	Rescue aid proficiency	Entries & removals	Rescue drill	Underwater swim	Object recovery	Sprint challenge	Endurance challenge	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result
1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12a	12b	

**1**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

Bronze Cross Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_  
Standard First Aid Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

**2**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

Bronze Cross Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_  
Standard First Aid Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

**3**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

Bronze Cross Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_  
Standard First Aid Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

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

– Satisfactory Performance  
 X – Fail

Total Pass for Exam  Total Fail for Exam

**Invoicing Information**

Host name (Affiliate or Organization paying the exam fees) \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**Instructor Information**

Instructor's name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Signature \_\_\_\_\_

**Exam Information**

Exam Date: \_\_\_\_\_  
YY MM DD

Facility name (e.g. name of pool) \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

**Individual who examined the candidates** Same as instructor  or

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Signature \_\_\_\_\_

**Individual who apprenticed on the exam** Same as instructor  or

Apprentice's name \_\_\_\_\_ ID# \_\_\_\_\_



# Pool

(Revised 2024)

*This test sheet for original exam candidates only.*

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

\*Items are instructor evaluated

Lifeguarding theory & practice	Pool facility analysis	Rescue aid proficiency	Entries & removals	Rescue drill	Underwater swim	Object recovery	Sprint challenge	Endurance challenge	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result
1*	2*	3*	4*	5*	6a*	6b*	6c*	6d*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12a	12b	

**4**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

Bronze Cross Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_  
Standard First Aid Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

**5**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

Bronze Cross Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_  
Standard First Aid Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

**6**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

Bronze Cross Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_  
Standard First Aid Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

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

✓ – Satisfactory Performance  
X – 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.

**Invoicing Information**

Host name (Affiliate or Organization paying the exam fees) \_\_\_\_\_

**Individual who examined the candidates** Same as Side 1  (sign below) or

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_

**Exam Information**

Exam Date: \_\_\_\_\_  
YY MM DD

E-mail address \_\_\_\_\_  
( )  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_