



# Surf Recertification

(Revised 2024)

*This test sheet for Recertification exam candidates only.*

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

Use of rescue craft	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
4	5b	7b	9a	9b	9c	9d	10	

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

Prerequisites checked:

National Lifeguard Surf Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

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

Prerequisites checked:

National Lifeguard Surf Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

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

Prerequisites checked:

National Lifeguard Surf 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 \_\_\_\_\_

**Exam Information**

Exam Date: \_\_\_\_\_  
YY MM DD  
Facility name (e.g. name of pool) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Individual who examined the candidates**

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



# Surf Recertification

(Revised 2024)

*This test sheet for Recertification exam candidates only.*

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

Use of rescue craft	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
4	5b	7b	9a	9b	9c	9d	10	

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

Prerequisites checked:

National Lifeguard Surf Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

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

Prerequisites checked:

National Lifeguard Surf Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

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

Prerequisites checked:

National Lifeguard Surf 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       Total Pass for Exam       Total Fail for Exam

X – Fail

**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 \_\_\_\_\_