



LIFESAVING SOCIETY
The Lifeguarding Experts

Basic/Emergency First Aid with AED & CPR-C

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

| Date of birth | Goals of first aid | Legal implications of first aid | Self-protection | Anat. & phys. of ABC priorities | Assessment | Two-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 _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____ | | | | | | | | | | | | | | | |
| 2 Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____ | | | | | | | | | | | | | | | |
| 3 Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____ | | | | | | | | | | | | | | | |
| 4 Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____ | | | | | | | | | | | | | | | |
| 5 Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ 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

()
 Facility name (e.g., name of pool) _____ Telephone _____

Lifesaving or Standard First Aid 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 examined the candidates.

Name _____ ID# (optional) _____
 E-mail address _____
 Telephone _____ Signature required _____



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| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | | |
| 6 Name Address Apt # City Postal Code E-mail Phone | | | | | | | | | | | | | | | |
| 7 Name Address Apt # City Postal Code E-mail Phone | | | | | | | | | | | | | | | |
| 8 Name Address Apt # City Postal Code E-mail Phone | | | | | | | | | | | | | | | |
| 9 Name Address Apt # City Postal Code E-mail Phone | | | | | | | | | | | | | | | |
| 10 Name Address Apt # City Postal Code E-mail Phone | | | | | | | | | | | | | | | |

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- 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

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.

Name _____ ID# (optional) _____

E-mail address _____
 () _____
 Telephone _____ Signature required _____