



LIFESAVING SOCIETY
The Lifeguarding Experts

Emergency First Aid with CPR "B"

Please **print** each candidate's name,
address & postal code.

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR: adult/child/infant	Obstructed airway: conscious adult/child/infant	Obstructed airway: unconscious adult/child/infant	Management of bystanders	Respiratory emergencies	Shock	Heart attack or angina	External bleeding	Stroke/TIA	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11a	11b	11c	11d	12		
1 Name Address City Postal Code Year Month Day																	
2 Name Address City Postal Code Year Month Day																	
3 Name Address City Postal Code Year Month Day																	
4 Name Address City Postal Code Year Month Day																	
5 Name Address City Postal Code Year Month Day																	
6 Name Address City Postal Code Year Month Day																	

Permanent cards are mailed directly to successful candidates.
Please ensure addresses are legible and complete.

- Satisfactory Performance
 F - Fail
 Total Pass
 Total Fail

Awards information

Awards issued by affiliate
 Awards not issued

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: _____
 Facility name (e.g., name of pool) _____ Telephone _____
This section to be completed by the Lifesaving First Aid Instructor who taught and evaluated the candidates.
 Instructor's name _____ ID# (optional) _____
 E-mail address _____
 Telephone _____ Signature _____