



LIFESAVING SOCIETY
The Lifeguarding Experts

Standard First Aid with CPR "C"

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

Date of birth	Emergency First Aid Award Items																Result
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1																	
Name	Year																
Address	Month																
City	Day																
Postal Code																	
2																	
Name	Year																
Address	Month																
City	Day																
Postal Code																	
3																	
Name	Year																
Address	Month																
City	Day																
Postal Code																	
4																	
Name	Year																
Address	Month																
City	Day																
Postal Code																	
5																	
Name	Year																
Address	Month																
City	Day																
Postal Code																	
6																	
Name	Year																
Address	Month																
City	Day																
Postal Code																	

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



- Satisfactory Performance



- 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: _____
YY MM DD

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

This section to be completed by the First Aid Instructor who examined the candidates.

Examiner's name _____ ID# (optional) _____

E-mail address _____

Telephone _____ Signature _____