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 1	Legal implications of first aid 2	Self-protection 3	Anat. & phys. of ABC priorities 4	Assessment 5	One-rescuer CPR: adult & child 6	Obstructed airway: conscious 7	Obstructed airway: unconscious 8	Management of bystanders 9	Respiratory emergencies 10	Shock 11a	Heart attack or angina 11b	External bleeding 11c	Stroke/TIA 11d	Care of unconscious victim 12	Written test	Result
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: ____ YY MM DD

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

This section to be completed by the Lifesaving Instructor who taught and evaluated the candidates.

Instructor's name ID# (optional)

E-mail address

( ) Telephone Signature