



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Medallion (Revised 2003)

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

Date of birth

Prerequisites checked

Throwing accuracy	Self-rescue	Rescue drill	Defences & releases	Fitness challenge	Endurance challenge	One-rescuer CPR: adult & child	Obstructed airway: conscious	Obstructed airway: unconscious	Circ. Emerg: shock	Circ. Emerg: heart attack or angina	Circ. Emerg: external bleeding	Circ. Emerg: stroke & TIA	Walk, spot & demonstrate	Spinal injury management	Search	Rescue 1: non-contact	Rescue 2: non-breathing victim	Rescue 3: open water
*1	*2	*3	*4	*5	*6	*7	*8a	*8b	*9a	*9b	*9c	*9d	*10	11	*12	13	14	15

* Items are instructor evaluated

Result

1 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	
2 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	
3 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	
4 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	
5 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	
6 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance **F** - Fail Total Pass for Exam Total Fail for Exam

This test sheet is Page _____ of _____ Pages.

Instructor information Instructor's name _____ ID# _____ E-mail address () _____ Telephone _____ Signature _____	Exam information Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____
Awards information <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued	This section to be completed by the Lifesaving Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address () _____ Telephone _____ Signature _____
Payment information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: () _____ Host name (Affiliate) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____	



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Medallion (Revised 2003)

Side 2: Please **print** each candidate's name, and contact information legibly.

Date of birth

Prerequisites checked

Throwing accuracy	Self-rescue	Rescue drill	Defences & releases	Fitness challenge	Endurance challenge	One-rescuer CPR: adult & child	Obstructed airway: conscious	Obstructed airway: unconscious	Circ. Emerg: shock	Circ. Emerg: heart attack or angina	Circ. Emerg: external bleeding	Circ. Emerg: stroke & TIA	Walk, spot & demonstrate	Spinal injury management	Search	Rescue 1: non-contact	Rescue 2: non-breathing victim	Rescue 3: open water	Result
*1	*2	*3	*4	*5	*6	*7	*8a	*8b	*9a	*9b	*9c	*9d	*10	11	*12	13	14	15	

* Items are instructor evaluated

7 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	
8 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	
9 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	
10 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	
11 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	
12 Name Address City Postal Code E-mail Phone	Year																		
	Month	Prerequisites: Original: 13 years old OR Bronze Star Date earned: _____ Location: _____																	
	Day	Recert: Bronze Medallion Date earned: _____ Location: _____																	

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance **F** - Fail Total Pass for Exam Total Fail for Exam

This test sheet is Page _____ of _____ Pages.

Host name (Affiliate) _____ Telephone _____

()

Please complete Instructor, Awards and Payment information sections on Side 1 of 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: _____ Exam is: Original **OR** Recert

YY MM DD

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

This section to be completed by the Lifesaving Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

() Telephone _____ Signature _____