



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Bronze Cross (Revised 2003)

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

Date of birth

Prerequisites checked	Rescue drill	Fitness challenge	Endurance challenge	First aid assessment	One-rescuer CPR	Two-rescuer CPR	Obstructed airway: conscious adult or child	Obstructed airway: conscious infant	Obstructed airway: unconscious victim	Hypothermia	Walk, spot & evaluate	Spinal injury management	Team search	Rescue 1: multiple victims	Rescue 2: submerged victim	Rescue 3: two rescuers	Rescue 4: injured victim	Result
*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13	*14	15		

\* Items are instructor evaluated

<b>1</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																	
	Month	Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____																
	Day	Recert: Bronze Cross Date earned: _____ Location: _____																
<b>2</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																	
	Month	Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____																
	Day	Recert: Bronze Cross Date earned: _____ Location: _____																
<b>3</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																	
	Month	Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____																
	Day	Recert: Bronze Cross Date earned: _____ Location: _____																
<b>4</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																	
	Month	Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____																
	Day	Recert: Bronze Cross Date earned: _____ Location: _____																
<b>5</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																	
	Month	Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____																
	Day	Recert: Bronze Cross Date earned: _____ Location: _____																
<b>6</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																	
	Month	Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____																
	Day	Recert: Bronze Cross 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.

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



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Bronze Cross (Revised 2003)

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

Date of birth

Prerequisites checked	Rescue drill	Fitness challenge	Endurance challenge	First aid assessment	One-rescuer CPR	Two-rescuer CPR	Obstructed airway: conscious adult or child	Obstructed airway: conscious infant	Obstructed airway: unconscious victim	Hypothermia	Walk, spot & evaluate	Spinal injury management	Team search	Rescue 1: multiple victims	Rescue 2: submerged victim	Rescue 3: two rescuers	Rescue 4: injured victim	Result
*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13	*14	15		

\* Items are instructor evaluated

<b>7</b>																			
Name.....			Year																
Address.....																			
City..... Postal Code.....			Month	Prerequisites:															
E-mail..... Phone.....			Day	Original: Bronze Medallion Date earned: _____ Location: _____															
				Recert: Bronze Cross Date earned: _____ Location: _____															
<b>8</b>																			
Name.....			Year																
Address.....																			
City..... Postal Code.....			Month	Prerequisites:															
E-mail..... Phone.....			Day	Original: Bronze Medallion Date earned: _____ Location: _____															
				Recert: Bronze Cross Date earned: _____ Location: _____															
<b>9</b>																			
Name.....			Year																
Address.....																			
City..... Postal Code.....			Month	Prerequisites:															
E-mail..... Phone.....			Day	Original: Bronze Medallion Date earned: _____ Location: _____															
				Recert: Bronze Cross Date earned: _____ Location: _____															
<b>10</b>																			
Name.....			Year																
Address.....																			
City..... Postal Code.....			Month	Prerequisites:															
E-mail..... Phone.....			Day	Original: Bronze Medallion Date earned: _____ Location: _____															
				Recert: Bronze Cross Date earned: _____ Location: _____															
<b>11</b>																			
Name.....			Year																
Address.....																			
City..... Postal Code.....			Month	Prerequisites:															
E-mail..... Phone.....			Day	Original: Bronze Medallion Date earned: _____ Location: _____															
				Recert: Bronze Cross Date earned: _____ Location: _____															
<b>12</b>																			
Name.....			Year																
Address.....																			
City..... Postal Code.....			Month	Prerequisites:															
E-mail..... Phone.....			Day	Original: Bronze Medallion Date earned: _____ Location: _____															
				Recert: Bronze Cross Date earned: _____ Location: _____															

This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

- Satisfactory Performance    **F** - Fail

Total Pass for Exam

Total Fail for Exam

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

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 \_\_\_\_\_