



LIFESAVING SOCIETY®
The Lifeguarding Experts

Lifesaving CPR-HCP

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

	Date of Birth Y/M/D	One rescuer CPR	Two rescuer CPR	Obstructed airway: conscious adult/child	Obstructed airway: conscious infant	Obstructed airway: unconscious victim	Circulatory emergencies: heart attack or angina	Circulatory emergencies: stroke/TIA	One and two rescuer AED	Bag-Valve-Mask (BVM)	Result
		1b	2	3	4	5	6	7	8	9	
1 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____											
2 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____											
3 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____											
4 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____											
5 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____											
6 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____											

Check box if there are more candidates on the reverse side of this page. This test sheet is page ___ of ___ pages.

Satisfactory Performance
 Total Pass for Course
 Total Fail for Course

Affiliate _____ Telephone _____

Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Course information, and Instructor sections must be completed on both sides 1 and 2 of the test sheet.

Exam Information

Date: _____
 YY MM DD

Facility name _____ Telephone _____

Examiner Information

Name _____ ID# _____

E-mail _____

Telephone _____ Signature _____