





**LIFESAVING SOCIETY**  
The Lifeguarding Experts

**National Lifeguard:  
Pool** (Revised 2004)

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

Gender

Date of birth

Prerequisites checked

Core

Pool Option

|                                  |                         |                         |                               |                                |                                     |                                 |               |                                     |                                     |                      |                        |                             |                                 |                                    |                                     |                                 |                              |
|----------------------------------|-------------------------|-------------------------|-------------------------------|--------------------------------|-------------------------------------|---------------------------------|---------------|-------------------------------------|-------------------------------------|----------------------|------------------------|-----------------------------|---------------------------------|------------------------------------|-------------------------------------|---------------------------------|------------------------------|
| Lifeguarding theory and practice | Lifeguard communication | Lifeguard communication | Management of drowning victim | Management of submerged victim | Management of spinal-injured victim | Supervision: victim recognition | Pool analysis | Supervision: scanning & observation | Supervision: positioning & rotation | Entries and removals | Specialized techniques | Pool search: missing person | Physical standard: spinal carry | Physical standard: object recovery | Physical standard: approach & carry | Physical standard: rescue drill | Pool lifeguarding situations |
| *1                               | *2a                     | *2b                     | *3a                           | *3b                            | *3c                                 | *4                              | *1            | *2a                                 | *2b                                 | *3                   | *4                     | *5                          | *6a                             | *6b                                | *6c                                 | *6d                             | 7                            |

\* Items are instructor evaluated

|                                                                                                              |                                        |                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>7</b><br>Name _____ (M) (F)<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____  | Year _____<br>Month _____<br>Day _____ | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>8</b><br>Name _____ (M) (F)<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____  | Year _____<br>Month _____<br>Day _____ | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>9</b><br>Name _____ (M) (F)<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____  | Year _____<br>Month _____<br>Day _____ | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>10</b><br>Name _____ (M) (F)<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____ | Year _____<br>Month _____<br>Day _____ | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>11</b><br>Name _____ (M) (F)<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____ | Year _____<br>Month _____<br>Day _____ | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>12</b><br>Name _____ (M) (F)<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____ | Year _____<br>Month _____<br>Day _____ | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                              |                                        | Prereq: Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS 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 NLS Examiner who examined the candidates.**  
 Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 ( )  
 Telephone \_\_\_\_\_ Signature \_\_\_\_\_