



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

<p>7</p> <p>Name <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address</p> <p>City Postal Code</p> <p>E-mail Phone</p>	<p>Year</p> <p>Month</p> <p>Day</p>	<p>Prereq: Original: Bronze Cross Date earned: Location:</p> <p>Standard 1st Aid Date earned: Location:</p> <p>Recert: NLS Date earned: Location:</p>
<p>8</p> <p>Name <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address</p> <p>City Postal Code</p> <p>E-mail Phone</p>	<p>Year</p> <p>Month</p> <p>Day</p>	<p>Prereq: Original: Bronze Cross Date earned: Location:</p> <p>Standard 1st Aid Date earned: Location:</p> <p>Recert: NLS Date earned: Location:</p>
<p>9</p> <p>Name <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address</p> <p>City Postal Code</p> <p>E-mail Phone</p>	<p>Year</p> <p>Month</p> <p>Day</p>	<p>Prereq: Original: Bronze Cross Date earned: Location:</p> <p>Standard 1st Aid Date earned: Location:</p> <p>Recert: NLS Date earned: Location:</p>
<p>10</p> <p>Name <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address</p> <p>City Postal Code</p> <p>E-mail Phone</p>	<p>Year</p> <p>Month</p> <p>Day</p>	<p>Prereq: Original: Bronze Cross Date earned: Location:</p> <p>Standard 1st Aid Date earned: Location:</p> <p>Recert: NLS Date earned: Location:</p>
<p>11</p> <p>Name <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address</p> <p>City Postal Code</p> <p>E-mail Phone</p>	<p>Year</p> <p>Month</p> <p>Day</p>	<p>Prereq: Original: Bronze Cross Date earned: Location:</p> <p>Standard 1st Aid Date earned: Location:</p> <p>Recert: NLS Date earned: Location:</p>
<p>12</p> <p>Name <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address</p> <p>City Postal Code</p> <p>E-mail Phone</p>	<p>Year</p> <p>Month</p> <p>Day</p>	<p>Prereq: Original: Bronze Cross Date earned: Location:</p> <p>Standard 1st Aid Date earned: Location:</p> <p>Recert: NLS Date earned: Location:</p>

Check box if there are more candidates on the reverse side of this page.
This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance

F - Fail

Total Pass for Exam

Total Fail for Exam

Host name (Affiliate) _____ Telephone _____

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 _____

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.