



LIFESAVING SOCIETY  
The Lifeguarding Experts

# National Lifeguard: Surf (Revised 2004)

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

1	2	3	4	5	6	Prerequisites checked	Core						Surf Option						Result						
							Lifeguarding theory and practice	Lifeguard communication	Lifeguard communication	Management of drowning victim	Management of submerged victim	Management of spinal-injured victim	Supervision: victim recognition	Surf beach analysis	Supervision: scanning & observation	Supervision: positioning & rotation	Use of rescue craft	Skin diving skills		Surf search: missing person	Surf rescue	Entries and removals	Physical standard	Surf lifeguarding situations	
							*1	*2a	*2b	*3a	*3b	*3c	*4	*1	*2a	*2b	*3	*4	*5	*6	*7	*8	*9		
<b>1</b> Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____ Year: _____ Month: _____ Day: _____							Prereq.: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																		
<b>2</b> Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____ Year: _____ Month: _____ Day: _____							Prereq.: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																		
<b>3</b> Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____ Year: _____ Month: _____ Day: _____							Prereq.: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																		
<b>4</b> Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____ Year: _____ Month: _____ Day: _____							Prereq.: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																		
<b>5</b> Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____ Year: _____ Month: _____ Day: _____							Prereq.: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																		
<b>6</b> Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____ Year: _____ Month: _____ Day: _____							Prereq.: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ 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.

<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 OR <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>This section to be completed by the NLS Examiner who examined the candidates.</b> Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	
<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 _____			



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The Lifeguarding Experts

# National Lifeguard: Surf (Revised 2004)

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

Gender

Date of birth

Prerequisites checked

Core

Surf 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	Surf beach analysis	Supervision: scanning & observation	Supervision: positioning & rotation	Use of rescue craft	Skin diving skills	Surf search: missing person	Surf rescue	Entries and removals	Physical standard	Surf lifeguarding situations
*1	*2a	*2b	*3a	*3b	*3c	*4	*1	*2a	*2b	*3	*4	*5	*6	*7	*8	*9

Result

\* Items are instructor evaluated

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

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 \_\_\_\_\_