



LIFESAVING SOCIETY
The Lifeguarding Experts

Airway Management

Please **print** each candidate's name, address & postal code.

1	Date of birth	Prerequisite	Knowledge	Barrier devices	Oral airways	Oxygen delivery system	Oxygen supplementation	Manual suction	Result
			1	2	3	4	5	6	
Name Address City Postal Code	Year Month Day								
2 Name Address City Postal Code	Year Month Day								
3 Name Address City Postal Code	Year Month Day								
4 Name Address City Postal Code	Year Month Day								
5 Name Address City Postal Code	Year Month Day								
6 Name Address City Postal Code	Year Month Day								

Permanent cards are mailed directly to successful candidates.
Please ensure addresses are legible and complete.



- Satisfactory Performance

F - Fail

Total Pass

Total Fail

Awards information

Awards issued by affiliate Awards not issued

Payment information

Exam fees attached Exam fees not attached

Send invoice or receipt to:

Host name (Affiliate) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

Exam information

Exam date: _____
YY MM DD ()

Facility name (e.g., name of pool) _____ Telephone _____

This section to be completed by the Airway Management Instructor who taught and evaluated the candidates.

Instructor's name _____ ID# (optional) _____

E-mail address _____

() Telephone _____ Signature _____