



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Emergency First Aid with CPR-B (Revised 2006)

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

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Shock	Heart attack or angina	External bleeding	Stroke/TIA	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11a	11b	11c	11d	12		
1 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 .....																	
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6 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....																	

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.

**Instructor information**

Instructor's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Exam information**

Exam date: \_\_\_\_\_ Exam is:  Original **OR**  Recert

YY MM DD ( ) \_\_\_\_\_

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**Awards information**  Awards issued by affiliate  Awards not issued

**This section to be completed by the Lifesaving Instructor who examined the candidates.**

**Payment information**  Exam fees attached  Exam fees not attached

Send invoice or receipt to: ( ) \_\_\_\_\_

Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Emergency First Aid with CPR-B (Revised 2006)

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

Date of birth	Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	One-rescuer CPR: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Shock	Heart attack or angina	External bleeding	Stroke/TIA	Care of unconscious victim	Written test	Result
	1	2	3	4	5	6	7	8	9	10	11a	11b	11c	11d	12		
7 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....																	
8 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....																	
9 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....																	
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11 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....																	
12 Name ..... Address ..... City ..... Postal Code ..... Year ..... Month ..... Day .....																	

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 Lifesaving Instructor who examined the candidates.**

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_

( ) Telephone \_\_\_\_\_ Signature \_\_\_\_\_