



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross (Revised 2003)

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

Date of birth	Prerequisites checked															Result			
	*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13		*14	15	
	* Items are instructor evaluated																		
1																			
Name																			
Address																			
City	Postal Code																		
E-mail	Phone																		
2																			
Name																			
Address																			
City	Postal Code																		
E-mail	Phone																		
3																			
Name																			
Address																			
City	Postal Code																		
E-mail	Phone																		
4																			
Name																			
Address																			
City	Postal Code																		
E-mail	Phone																		
5																			
Name																			
Address																			
City	Postal Code																		
E-mail	Phone																		
6																			
Name																			
Address																			
City	Postal Code																		
E-mail	Phone																		

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: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____	
Awards information <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued		This section to be completed by the Lifesaving Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	
Payment information <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 _____			



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross (Revised 2003)

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

Date of birth

Prerequisites checked	Rescue drill	Fitness challenge	Endurance challenge	First aid assessment	One-rescuer CPR	Two-rescuer CPR	Obstructed airway: conscious adult or child	Obstructed airway: conscious infant	Obstructed airway: unconscious victim	Hypothermia	Walk, spot & evaluate	Spinal injury management	Team search	Rescue 1: multiple victims	Rescue 2: submerged victim	Rescue 3: two rescuers	Rescue 4: injured victim	Result
	*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13	*14	15	
* Items are instructor evaluated																		

7
Name.....
Address.....
City..... Postal Code.....
E-mail..... Phone.....

Year.....
Month.....
Day.....
Prereq.:
Original: Bronze Medallion Date earned: _____ Location: _____
Emergency 1st Aid Date earned: _____ Location: _____
Recert: Bronze Cross Date earned: _____ Location: _____

8
Name.....
Address.....
City..... Postal Code.....
E-mail..... Phone.....

Year.....
Month.....
Day.....
Prereq.:
Original: Bronze Medallion Date earned: _____ Location: _____
Emergency 1st Aid Date earned: _____ Location: _____
Recert: Bronze Cross Date earned: _____ Location: _____

9
Name.....
Address.....
City..... Postal Code.....
E-mail..... Phone.....

Year.....
Month.....
Day.....
Prereq.:
Original: Bronze Medallion Date earned: _____ Location: _____
Emergency 1st Aid Date earned: _____ Location: _____
Recert: Bronze Cross Date earned: _____ Location: _____

10
Name.....
Address.....
City..... Postal Code.....
E-mail..... Phone.....

Year.....
Month.....
Day.....
Prereq.:
Original: Bronze Medallion Date earned: _____ Location: _____
Emergency 1st Aid Date earned: _____ Location: _____
Recert: Bronze Cross Date earned: _____ Location: _____

11
Name.....
Address.....
City..... Postal Code.....
E-mail..... Phone.....

Year.....
Month.....
Day.....
Prereq.:
Original: Bronze Medallion Date earned: _____ Location: _____
Emergency 1st Aid Date earned: _____ Location: _____
Recert: Bronze Cross Date earned: _____ Location: _____

12
Name.....
Address.....
City..... Postal Code.....
E-mail..... Phone.....

Year.....
Month.....
Day.....
Prereq.:
Original: Bronze Medallion Date earned: _____ Location: _____
Emergency 1st Aid Date earned: _____ Location: _____
Recert: Bronze Cross 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

Exam information
Exam date: _____ Exam is:
YY MM DD Original OR Recert
Facility name (e.g., name of pool) 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.

This section to be completed by the Lifesaving Examiner who examined the candidates.
Examiner's name ID#
E-mail address
() Telephone Signature