



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Lifesaving AED

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

1 Name Address City E-mail Telephone	Sex M F	Date of Birth Y/M/D	CPR prerequisite checked	AED Knowledge: use and operation		Result
				1	2	
2 Name Address City E-mail Telephone	Sex M F					
3 Name Address City E-mail Telephone	Sex M F					
4 Name Address City E-mail Telephone	Sex M F					
5 Name Address City E-mail Telephone	Sex M F					
6 Name Address City E-mail Telephone	Sex M F					

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 Course     Total Fail for Course

### Instructor Information

Instructor's Name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail ( ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_

### Payment Information

Exam fees attached     Exam fees not attached  
Send invoice or receipt to ( ) \_\_\_\_\_  
Affiliate \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### Exam Information

Exam Date: \_\_\_\_\_  
YY    MM    DD

Facility name ( ) \_\_\_\_\_ Telephone \_\_\_\_\_

### Awards information

Awards issued by affiliate  
 Awards not issued

### Examiner Information

Examiner's Name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail ( ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_



LIFESAVING SOCIETY®  
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# Lifesaving AED

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

Date of Birth Y/M/D	CPR prerequisite checked	AED Knowledge: use and operation		Result
		1	2	
7 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
8 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
9 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
10 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
11 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
12 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				

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 Course       Total Fail for Course

\_\_\_\_\_  
( )  
Affiliation 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.

Veuillez s'il vous plaît remplir les informations pertinentes dans les sections concernant les moniteurs, les certificats et le mode de paiement au recto de la feuille. Il faut inscrire les renseignements concernant l'examen et l'évaluateur sur les deux côtés de la feuille d'examen.

**Exam Information**  
Exam Date: \_\_\_\_ YY \_\_\_\_ MM \_\_\_\_ DD

\_\_\_\_\_  
( )  
Facility name Telephone

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

**Examiner Information**  
Examiner's Name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail \_\_\_\_\_  
( )  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_