NATIONAL LIFEGUARD
LIFESAVING SOCIETY

Waterfront

Revised 2022

This test sheet is for original exam candidates only.

Side 1: Please record each candidate's name and contact information accurately.

	Gender	Date of birth	Prerequisites checked	Lifeguarding theory & practice	Waterfront facility analysis	Rescue aid proficiency	Entries & removals	Skin diving skills	Rescue drill	Use of rescue craft	Sprint challenge	Endurance challenge	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result
				1*	2*	3*	4*	5*	6*	7*	8a*	8b*	9*	10a*	10b*	10c*	11*	12a*	12b*	12c*	12d*	13a	13b	
				* Items are instructor-evaluated																				
1	M F X	Year Month Day																						
Last name / First name / Address / City / Prov. / Postal Code / E-mail / Phone			**Prerequisites** Bronze Cross Date earned: ____ Location: ____ Standard 1st Aid Date earned: ____ Location: ____																					
2	M F X	Year Month Day																						
Last name / First name / Address / City / Prov. / Postal Code / E-mail / Phone			**Prerequisites** Bronze Cross Date earned: ____ Location: ____ Standard 1st Aid Date earned: ____ Location: ____																					
3	M F X	Year Month Day																						
Last name / First name / Address / City / Prov. / Postal Code / E-mail / Phone			**Prerequisites** Bronze Cross Date earned: ____ Location: ____ Standard 1st Aid Date earned: ____ Location: ____																					
4	M F X	Year Month Day																						
Last name / First name / Address / City / Prov. / Postal Code / E-mail / Phone			**Prerequisites** Bronze Cross Date earned: ____ Location: ____ Standard 1st Aid Date earned: ____ Location: ____																					

☐ **Check this box if there are more candidates on the reverse side of this page.**
This test sheet is Page _____ of _____ Pages

✔ - Satisfactory Performance **X** - Fail **Total Pass for Exam** ☐ **Total Fail for Exam** ☐

Invoicing Information

( )
Host name (Affiliate or Organization paying the exam fees) Telephone

Street address

City Prov. Postal code

Exam Information

Exam date:
YY MM DD

( )
Facility name (e.g., name of waterfront) **Telephone**

Instructor Information

Instructor's name ID#

E-mail address
( )
Telephone Signature

Individual who examined the candidates Same as Instructor ☐ **or**

Examiner's name ID#

E-mail address
( )
Telephone Signature

Individual who apprenticed on the exam Same as Instructor ☐ **or**

Apprentice's name ID#

NATIONAL LIFEGUARD
LIFESAVING SOCIETY

Waterfront

Revised 2022

This test sheet is for original exam candidates only.

Side 2: Please record each candidate's name and contact information accurately.

	Gender	Date of birth	Prerequisites checked	Lifeguarding theory & practice 1*	Waterfront facility analysis 2*	Rescue aid proficiency 3*	Entries & removals 4*	Skin diving skills 5*	Rescue drill 6*	Use of rescue craft 7*	Sprint challenge 8a*	Endurance challenge 8b*	Lifeguard communication 9*	Positioning & rotation 10a*	Scanning & observation 10b*	Prevention & intervention 10c*	Missing person 11*	Mgmt: distressed or drowning victim 12a*	Mgmt: submerged, non-breathing victim 12b*	Mgmt: spinal-injured victims 12c*	Mgmt: injured victim 12d*	Lifeguard situation: single guard 13a	Lifeguard situations: team 13b	Result
				* Items are instructor-evaluated																				
5 Last name / First name / Address / City / Prov. / Postal Code / E-mail / Phone	M F X	Year / Month / Day																						
6 Last name / First name / Address / City / Prov. / Postal Code / E-mail / Phone	M F X	Year / Month / Day																						
7 Last name / First name / Address / City / Prov. / Postal Code / E-mail / Phone	M F X	Year / Month / Day																						
8 Last name / First name / Address / City / Prov. / Postal Code / E-mail / Phone	M F X	Year / Month / Day																						

Prerequisites
Bronze Cross Date earned: _____ Location: _____
Standard 1st Aid Date earned: _____ Location: _____

☐ **Check this box if there are more candidates on the reverse side of this page.**
This test sheet is Page _____ of _____ Pages

✔ - Satisfactory Performance **X** - Fail **Total Pass for Exam** ☐ **Total Fail for Exam** ☐

Please complete all sections on Side 1 of test sheet. Host, exam information *and* examiner *sections must be completed on both sides 1 and 2 of the test sheet.*

Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

Exam Information

Exam date: _____
YY MM DD

Individual who examined the candidates Same as Side 1 ☐ (***sign below***) **or**

Examiner's name ID#

E-mail address

( ) Telephone

Signature