LIFESAVING SOCIETY
The Lifeguarding Experts

☐ **CPR-Health Care Provider**

☐ **Automated External Defibrillation**

(Revised 2014)

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

	Date of birth	CPR-HCP							AED		Result
		One-rescuer CPR with AED skills: adult, child & infant	Two-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	Rescue Breathing	Use of Bag-Valve-Mask (BVM)	Written test	AED knowledge: use and operation	One- and two-rescuer AED	
		1	2	3	4	5	6	7		1	2	
1 Name / Address / Apt # / City / Postal Code / E-mail / Phone	Year / Month / Day											
2 Name / Address / Apt # / City / Postal Code / E-mail / Phone	Year / Month / Day											
3 Name / Address / Apt # / City / Postal Code / E-mail / Phone	Year / Month / Day											
4 Name / Address / Apt # / City / Postal Code / E-mail / Phone	Year / Month / Day											
5 Name / Address / Apt # / City / Postal Code / E-mail / Phone	Year / Month / Day											

☐ ***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 Exam** ☐   **Total Fail for Exam** ☐

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

Exam is:
☐ Original **OR** ☐ Recert

( )

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

Instructor information

Instructor's name   ID#

E-mail address
( )
Telephone   Signature required

For CPR-HCP, this section to be completed by the CPR-HCP Examiner. For AED, this section to be completed by the Emergancy or Standard First Aid Instructor who evaluated the AED candidates.

Name   ID# (optional)

E-mail address
( )
Telephone   Signature required

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. **Retain one copy for your records**. *Do not send cash by mail.*

☐ **CPR-Health Care Provider**

☐ **Automated External Defibrillation**

(Revised 2014)

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

	Date of birth	CPR-HCP								AED		Result
		One-rescuer CPR with AED skills: adult, child & infant	Two-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult & child	Obstructed airway: conscious infant	Obstructed airway: unconscious adult, child & infant	Rescue Breathing	Use of Bag-Valve-Mask (BVM)	Written test	AED knowledge: use and operation	One- and two-rescuer AED	
		1	2	3	4	5	6	7		1	2	
6 Name / Address / Apt # / City / Postal Code / E-mail / Phone	Year / Month / Day											
7 Name / Address / Apt # / City / Postal Code / E-mail / Phone	Year / Month / Day											
8 Name / Address / Apt # / City / Postal Code / E-mail / Phone	Year / Month / Day											
9 Name / Address / Apt # / City / Postal Code / E-mail / Phone	Year / Month / Day											
10 Name / Address / Apt # / City / Postal Code / E-mail / Phone	Year / Month / Day											

☐ *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 Exam** ☐   **Total Fail for Exam** ☐

Host name (Affiliate) _____

(_____) _____
Telephone

Please complete Instructor and Payment information sections on Side 1 of the 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: _____
YY   MM   DD

Exam is:
☐ Original **OR** ☐ Recert

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

For CPR-HCP, this section to be completed by the CPR-HCP Examiner. For AED, this section to be completed by the Emergancy or Standard First Aid Instructor who evaluated the AED candidates.

Name _____   ID# (optional) _____

E-mail address
(_____) _____
Telephone   Signature required _____