



# Waterfront

Revised 2022

*This test sheet is for original exam candidates only.*

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

Prerequisites checked	* Items are instructor-evaluated													Result						
	1*	2*	3*	4*	5*	6*	7*	8a*	8b*	9*	10a*	10b*	10c*		11*	12a*	12b*	12c*	12d*	13a
<b>1</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Date of birth																			
	Prerequisites																			
	Bronze Cross Date earned: _____ Location: _____										Standard 1st Aid Date earned: _____ Location: _____									
	Year																			
	Month																			
<b>2</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Date of birth																			
	Prerequisites																			
	Bronze Cross Date earned: _____ Location: _____										Standard 1st Aid Date earned: _____ Location: _____									
	Year																			
	Month																			
<b>3</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Date of birth																			
	Prerequisites																			
	Bronze Cross Date earned: _____ Location: _____										Standard 1st Aid Date earned: _____ Location: _____									
	Year																			
	Month																			
<b>4</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Date of birth																			
	Prerequisites																			
	Bronze Cross Date earned: _____ Location: _____										Standard 1st Aid Date earned: _____ Location: _____									
	Year																			
	Month																			

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

- Satisfactory Performance

- 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	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
1*	2*	3*	4*	5*	6*	7*	8a*	8b*	9*	10a*	10b*	10c*	11*	12a*	12b*	12c*	12d*	13a	13b

\* Items are instructor-evaluated

Result

5  
Last name  M  F  
First name  
Address  
City Prov. Postal Code  
E-mail  
Phone

Year  
Month  
Day

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

6  
Last name  M  F  
First name  
Address  
City Prov. Postal Code  
E-mail  
Phone

Year  
Month  
Day

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

7  
Last name  M  F  
First name  
Address  
City Prov. Postal Code  
E-mail  
Phone

Year  
Month  
Day

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

8  
Last name  M  F  
First name  
Address  
City Prov. Postal Code  
E-mail  
Phone

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

- 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)

### Individual who examined the candidates

Same as Side 1  (sign below) or

Examiner's name

ID#

### Exam Information

Exam date: YY MM DD

E-mail address

( )  
Telephone

Signature