



NATIONAL LIFEGUARD

Surf Recertification

Revised 2022

This test sheet is for recertification exam candidates only.

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

Candidate #	Gender	Date of birth	Prerequisites checked									Result
			Use of rescue craft	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team		
1	M F	Year: _____ Month: _____ Day: _____	4	5b	7b	9a	9b	9c	9d	10		
Last name: _____ First name: _____ Address: _____ City: _____ Prov. _____ Postal Code: _____ E-mail: _____ Phone: _____			Prerequisites National Lifeguard Surf Date earned: _____ Location: _____									
2	M F	Year: _____ Month: _____ Day: _____										
Last name: _____ First name: _____ Address: _____ City: _____ Prov. _____ Postal Code: _____ E-mail: _____ Phone: _____			Prerequisites National Lifeguard Surf Date earned: _____ Location: _____									
3	M F	Year: _____ Month: _____ Day: _____										
Last name: _____ First name: _____ Address: _____ City: _____ Prov. _____ Postal Code: _____ E-mail: _____ Phone: _____			Prerequisites National Lifeguard Surf Date earned: _____ Location: _____									
4	M F	Year: _____ Month: _____ Day: _____										
Last name: _____ First name: _____ Address: _____ City: _____ Prov. _____ Postal Code: _____ E-mail: _____ Phone: _____			Prerequisites National Lifeguard Surf 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

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 _____

Individual who examined the candidates

Examiner's name _____ ID# _____
 E-mail address _____
 Telephone _____ Signature _____



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

Candidate #	Gender	Date of birth	Prerequisites checked								Result	
			Use of rescue craft	Endurance challenge	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team		
			4	5b	7b	9a	9b	9c	9d	10		
5	M F	Year Month Day	Prerequisites National Lifeguard Surf Date earned: _____ Location: _____									
			Last name									
			First name									
			Address									
6	M F	Year Month Day	Prerequisites National Lifeguard Surf Date earned: _____ Location: _____									
			Last name									
			First name									
			Address									
7	M F	Year Month Day	Prerequisites National Lifeguard Surf Date earned: _____ Location: _____									
			Last name									
			First name									
			Address									
8	M F	Year Month Day	Prerequisites National Lifeguard Surf Date earned: _____ Location: _____									
			Last name									
			First name									
			Address									

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 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ () _____ Telephone _____ Signature _____
Exam Information Exam date: _____ YY MM DD	