



Waterfront

Revised 2012

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

Prerequisites checked	* Items are instructor-evaluated											† Items are mandatory during recert				Result		
	1*	2a*	2b*	2c*	3*	4*	5a*	5b*	5c*	6*	7*	8*	9*	10a*	10b*		10c*	10d*
1																		
2																		
3																		
4																		

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

Instructor information

Instructor's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Exam information

Exam date: _____ Exam is: Original **OR** Recert

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

Awards information

Awards issued by affiliate Awards not issued

Payment information

Exam fees attached Exam fees not attached

Send invoice or receipt to:

Host name (Affiliate) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

This section to be completed by the NLS Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____



Waterfront

Revised 2012

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

Prerequisites checked	* Items are instructor-evaluated											† Items are mandatory during recert				Result		
	1*	2a*	2b*	2c*	3*	4*	5a*	5b*	5c*	6*	7*	8*	9*	10a*	10b*		10c*	10d*
Lifeguarding theory & practice																		
Run-swim-tow †																		
Rescue sprint †																		
Victim carry †																		
Waterfront facility analysis																		
Lifeguard communication																		
Scanning & observation																		
Positioning & rotation																		
Intervention																		
Entries & removals																		
Use of rescue craft †																		
Skin diving skills																		
Search: missing person																		
Mgmt: distressed or drowning victim †																		
Mgmt: submerged, non-breathing victim †																		
Mgmt: spinal-injured victim †																		
Mgmt: injured swimmer †																		
Lifeguarding situations †																		

5 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day
6 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day
7 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day
8 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: _____ Location: _____

Recert: _____ Date earned: _____ Location: _____

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: _____ Location: _____

Recert: _____ Date earned: _____ Location: _____

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: _____ Location: _____

Recert: _____ Date earned: _____ Location: _____

Prereq.: Original: < Bronze Cross Standard 1st Aid NLS Date earned: _____ Location: _____

Recert: _____ 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

Host name (Affiliate) _____ Telephone _____

Please complete Instructor, Awards 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 _____

This section to be completed by the NLS Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____