



LIFESAVING SOCIETY®
The Lifeguarding Experts

Bronze Medallion

(with CPR-A & AED)

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

| 1 | Date of Birth | Prerequisites checked | | | | | | | | | | | | | | | Bronze Medallion Result | CPR A with AED Result | | | | | |
|----------------------------------|---------------|-----------------------|---------------|--------------|---------------------|------------------------------------|---------------------|--------------------------------|------------------------------|--------------------------------|--------------------|--------------------------------------|--------------------------------|---------------------------|--------------------------|--------------------------|-------------------------|-----------------------|--------|-------------------------|-------------------------|-----------------------|--|
| | | Throwing Accuracy | Self Rescue | Rescue Drill | Defences & releases | Fitness Challenge | Endurance Challenge | One-rescuer CPR: adult & child | Obstructed Airway: conscious | Obstructed Airway: unconscious | Circ. Emerg: Shock | Circ. Emerg: heart attack and angina | Circ. Emerg: external bleeding | Circ. Emerg: stroke & TIA | Walk, spot & demonstrate | Spinal Injury Management | | | Search | Rescue 1: non-contact | Rescue 2: non-breathing | Rescue 3: open water | |
| | | *1 | *2 | *3 | *4 | *5 | *6 | *7 | *8a | *8b | *9a | *9b | *9c | *9d | *10 | *11 | | | *12 | *13 | *14 | *15 | |
| * Items are Instructor Evaluated | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | Year | Prerequisites | | | | | | | | | | | | | | | | | Bronze Medallion Result | | CPR A with AED Result | |
| City | | Postal Code | Month | Original | | 13 years old OR Bronze Star | | | | | Date Earned: _____ | | Location: _____ | | | | | | | | | | |
| Email | | Phone | Day | Recert | | Bronze Medallion | | | | | Date Earned: _____ | | Location: _____ | | | | | | | | | | |
| Address | | Year | Prerequisites | | | | | | | | | | | | | | | | | Bronze Medallion Result | | CPR A with AED Result | |
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| Email | | Phone | Day | Recert | | Bronze Medallion | | | | | Date Earned: _____ | | Location: _____ | | | | | | | | | | |

Check Box if there are more candidates on the reverse side of this page.

Satisfactory Performance **F** Fail

Total Pass for Exam
 Total Fail for Exam

This test sheet is Page _____ of _____ pages.

| | | | |
|--|--|---|--|
| Instructor Information Instructor Name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____ | | Exam Information Exam Date _____ Exam is: YY MM DD <input type="checkbox"/> Original or <input type="checkbox"/> Recert Facility Name _____ Telephone _____ | |
| Awards Information <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued | | Examiner Information Name _____ ID# _____ E-mail Address _____ Telephone _____ Signature _____ | |
| Payment Information <input type="checkbox"/> Exam Fees Attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: Host Name _____ Telephone _____ Street Address _____ City _____ Prov _____ PC _____ | | | |



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| 7 | Date of Birth | Prerequisites checked | | | | | | | | | | | | | | | Bronze Medallion Result | CPR A with AED Result | | | | |
|----------------------------------|---------------|-----------------------|-------------|--------------|---------------------|-------------------|---------------------|--------------------------------|------------------------------------|--------------------------------|--------------------|--------------------------------------|--------------------------------|---------------------------|--------------------------|--------------------------|-------------------------|-----------------------|-----------------------|-----------------------|-------------------------|----------------------|
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| | | *1 | *2 | *3 | *4 | *5 | *6 | *7 | *8a | *8b | *9a | *9b | *9c | *9d | *10 | *11 | | | *12 | *13 | *14 | *15 |
| * Items are Instructor Evaluated | | | | | | | | | | | | | | | | | | | | | | |
| Address | | Prerequisites | | | | | | | | | | | | | | | Bronze Medallion Result | | CPR A with AED Result | | | |
| City | | Postal Code | | Original | | | | | 13 years old OR Bronze Star | | | | | Date Earned: _____ | | Location: _____ | | | | | | |
| Email | | Phone | | Recert | | | | | Bronze Medallion | | | | | Date Earned: _____ | | Location: _____ | | | | | | |
| Address | | Prerequisites | | | | | | | | | | | | | | | Bronze Medallion Result | | CPR A with AED Result | | | |
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Check Box if there are more candidates on the reverse side of this page.

Satisfactory Performance **F** Fail

Total Pass for Exam
 Total Fail for Exam

This test sheet is Page _____ of _____ pages.

| | |
|---|--|
| Instructor Information _____ Instructor Name ID# _____ E-mail address _____ Telephone Signature | Exam Information Exam Date _____ Exam is: YY MM DD <input type="checkbox"/> Original or <input type="checkbox"/> Recert _____ Facility Name Telephone |
| Host Name Telephone Please complete Awards and Payment information Sections on Side 1 of test sheet. Host name, Instructor and Examiner sections must be completed on both sides 1 and 2 of the test sheet. | Examiner Information Name ID# E-mail Address Telephone Signature |