



LIFESAVING SOCIETY  
SOCIÉTÉ DE SAUVETAGE

Lifesaving First Aid (with AED)  
Soins d'urgence (avec DEA)

- Aquatic Emergency Care**  
Soins d'urgence aquatique  Original  Recertification/Requalification
- Lifesaving Standard First Aid**  
Premiers Soins  Original  Recertification/Requalification
- Lifesaving Emergency First Aid**  
Premiers Secours  Original

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

Date of Birth -- Date de naissance	YY	MM	DD	Prerequisites Checked	Principles of First Aid, Workplace First Aid and Legal Requirements, and Self Protection	First Aider Communication, Scene Assessment, and Primary Assessment	AED Operation	One rescuer CPR	Obstructed Airways- Conscious Casualty	Obstructed Airways- Unconscious Casualty	Respiratory Emergencies	Circulatory Emergencies	Wounds and Burns	Care of an Unconscious Casualty	Facial Injury	Emergency Scene Management	Critical Incident Stress Management	Secondary Assessment	Two Rescuer CPR	Suspected Head Injury and Suspected Spinal Injury	Environmental Emergencies	Bone or Joint Injury	Abdominal or Chest Injury	Diabetes, Seizure, and Poisoning	Aquatic Spinal Injury Management	Pressure-related Injury	Shallow Water Rescue	Test Score	Result / Résultat
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Check box if there are more candidates on the reverse side of this page. Cochez cette case s'il y a d'autres noms de candidats au verso de cette feuille.

Satisfactory Performance Performance satisfaisante

Fail Echec

Total Pass for Exam Total des réussites:

Total Fail for Exam Total échec:

Instructor information/Informations sur le moniteur		Exam information/Informations sur l'examen	
Instructor's name/Nom du moniteur	ID# / # d'identification	l'examen:	
E-mail/Courriel		Y/A	M/M
Téléphone	Signature	( )	
Payment information/Informations sur les frais		Awards information/Information sur le certificat	
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Send invoice or receipt to/Facturer à		Examiner information/Information sur l'examineur	
Affiliation	Téléphone	Examiner's name/Nom de l'examineur	
Address/Adresse		ID## d'identification	
City/Ville	Province	E-mail/Courriel	
	Postal code/Code postal	( )	
		Téléphone	
		Signature	



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Instructor's name/Nom du moniteur	ID# / # d'identification	l'examen:	
E-mail/Courriel		Y/A	M/M
Téléphone	Signature	( )	
Payment information/Informations sur les frais		Facility name/Nom de l'installation	
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Affiliation		<input type="checkbox"/> Awards not issued/Certificats non émis	
Address/Adresse	Téléphone	Examiner information/Information sur l'examineur	
City/Ville	Province	Examiner's name/Nom de l'examineur	
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		( )	
		Téléphone	
		Signature	