



Pool
Revised 2012

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

Prerequisites checked	Lifeguarding theory & practice	Object recovery †	Underwater swim	Sprint challenge †	Rescue drill	Endurance challenge †	Approach & carry	Pool facility analysis	Lifeguard communication	Scanning & observation	Positioning & rotation	Intervention	Entries & removals	Specialized techniques	Missing person	Mgmt: distressed or drowning victim †	Mgmt: submerged, non-breathing victim †	Mgmt: spinal-injured victim †	Mgmt: injured swimmer †	Lifeguarding situations †	Result
* Items are instructor-evaluated † Items are mandatory during recert																					
1 Last name <input type="checkbox"/> M <input type="checkbox"/> F		Year		Month		Day		Prereq.: Original: < Bronze Cross Standard 1st Aid NLS		Date earned: _____		Location: _____		Recert: _____		Date earned: _____		Location: _____			
2 Last name <input type="checkbox"/> M <input type="checkbox"/> F		Year		Month		Day		Prereq.: Original: < Bronze Cross Standard 1st Aid NLS		Date earned: _____		Location: _____		Recert: _____		Date earned: _____		Location: _____			
3 Last name <input type="checkbox"/> M <input type="checkbox"/> F		Year		Month		Day		Prereq.: Original: < Bronze Cross Standard 1st Aid NLS		Date earned: _____		Location: _____		Recert: _____		Date earned: _____		Location: _____			
4 Last name <input type="checkbox"/> M <input type="checkbox"/> F		Year		Month		Day		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

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 _____

