



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Lifesaving CPR-HCP

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

1	2	3	4	5	6	Date of Birth Y/M/D	1	3	5	6	8	13	14	15	16	17	18	19	20	24	25	43	44	45	Result (Pass/Fail)	
																										Principles of First Aid
Name	Name	Name	Name	Name	Name	Sex M F																				
Address	Address	Address	Address	Address	Address																					
City	City	City	City	City	City	Postal code																				
E-mail	E-mail	E-mail	E-mail	E-mail	E-mail	Telephone																				

Check 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 Course       Total Fail for Course

**Instructor Information**

Instructor's Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Payment Information**

Exam fees attached       Exam fees not attached

Send invoice or receipt to: \_\_\_\_\_ ( ) \_\_\_\_\_

Affiliate \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Exam Information**

Exam Date: \_\_\_\_\_ YY MM DD

Facility name \_\_\_\_\_ Telephone \_\_\_\_\_ ( ) \_\_\_\_\_

**Awards Information**

Awards issued by affiliate

Awards not issued

**Examiner Information**

Examiner's Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_