

BASIC LIFE SUPPORT TEST SHEET

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

				Personal Protection and Prevention of Disease Transmission	First-Aider Communication	Scene Assessment	Primary Assessment	Automated External Defibrillator (AED) Operation	CPR for Health Care Provider - Adult/ Child/ Infant	Obstructed Airway - Conscious Adult	Obstructed Airway - Conscious Child	Obstructed Airway - Conscious Infant	Obstructed Airway - Unconscious Adult	Obstructed Airway - Unconscious Child	Obstructed Airway - Unconscious Infant	Heart Attack and Angina	Stroke	Critical Incident Stress Management	Bag - Valve - Mask (BVM)	Rescue Breathing	Result (Pass / Fail)	
NAME																						
DATE OF BIRTH YY / MM / DD		GENDER <input type="checkbox"/> M <input type="checkbox"/> F																				
ADDRESS																						
CITY		P.C. PH.																				
E-MAIL																						
NAME																						
DATE OF BIRTH YY / MM / DD		GENDER <input type="checkbox"/> M <input type="checkbox"/> F																				
ADDRESS																						
CITY		P.C. PH.																				
E-MAIL																						
NAME																						
DATE OF BIRTH YY / MM / DD		GENDER <input type="checkbox"/> M <input type="checkbox"/> F																				
ADDRESS																						
CITY		P.C. PH.																				
E-MAIL																						
NAME																						
DATE OF BIRTH YY / MM / DD		GENDER <input type="checkbox"/> M <input type="checkbox"/> F																				
ADDRESS																						
CITY		P.C. PH.																				
E-MAIL																						

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 _____

INSTRUCTOR INFORMATION		EXAM INFORMATION	
INSTRUCTOR'S NAME ID#		YY / MM / DD	
E-MAIL TELEPHONE		FACILITY NAME TELEPHONE	
SIGNATURE		AWARD INFORMATION	
		<input type="checkbox"/> Awards Issued By Affiliate <input type="checkbox"/> Awards Not Issued	
PAYMENT INFORMATION		EXAMINER INFORMATION	
<input type="checkbox"/> Exam Fees Attached <input type="checkbox"/> Exam Fees Not Attached		EXAMINER'S NAME ID#	
AFFILIATION		E-MAIL TELEPHONE	
ADDRESS			
CITY PROVINCE POSTAL CODE		SIGNATURE	

