



LIFESAVING SOCIETY
The Lifeguarding Experts

Distinction Award

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

Date of birth	Prerequisites checked													Result	
	1	*2a	*2b	*2c	*2d	*2e	*3	*4	5	6	7a		*7b		
	Knowledge	Deep water rescue breathing	Movement of two victims	Carry two victims at once - 25 m	Search pattern	Recover - spinal-injured victim	Clothed victim	Aquatic activity	Spinal injured victim	Two rescues - various victims	50 m or yd. legs only	50 m or yd. front crawl	50 m or yd. back crawl	50 m or yd. breaststroke	700 m or 750 yd. - 14 min. swim
* Items are instructor evaluated															

1 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														
2 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														
3 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														
4 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														
5 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														
6 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														

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's 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 (e.g., name of pool) _____ Telephone _____	
Awards information <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued		This section to be completed by the Lifesaving Examiner who examined the candidates. Examiner's 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 (Affiliate) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____			



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Distinction Award

Side 2: Please **print** each candidate's name and contact information legibly.

Date of birth	Prerequisites checked	Knowledge	Deep water rescue breathing	Movement of two victims	Carry two victims at once - 25 m	Search pattern	Recover spinal-injured victim	Clothed victim	Aquatic activity	Spinal injured victim	Two rescues - various victims	50 m or yd. legs only	50 m or yd. front crawl	50 m or yd. back crawl	50 m or yd. breaststroke	700 m or 750 yd. - 14 min. swim	Result
		1	*2a	*2b	*2c	*2d	*2e	*3	*4	5	6	7a			*7b		

* Items are instructor evaluated

7 Name Address City Postal Code E-mail Phone	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction Date earned: _____ Location: _____														
8 Name Address City Postal Code E-mail Phone	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction Date earned: _____ Location: _____														
9 Name Address City Postal Code E-mail Phone	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction Date earned: _____ Location: _____														
10 Name Address City Postal Code E-mail Phone	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction Date earned: _____ Location: _____														
11 Name Address City Postal Code E-mail Phone	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction Date earned: _____ Location: _____														
12 Name Address City Postal Code E-mail Phone	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction 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.

Host name (Affiliate) _____ Telephone _____ Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.	Exam information Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____
	This section to be completed by the Lifesaving Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____