



LIFESAVING SOCIETY®
The Lifeguarding Experts

Boat Rescue fo First Responders

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

	Date of Birth Date de naissance	Prerequisites checked	Knowledge	Boat Rescue	Emergency Approach	Rescue Equipment	Rescue techniques	Rescue 1: Multiple Victim	Rescue 2: Tethered Rescue	Rescue 3: Self Rescue	Rescue 4: Missing Person	Result
			1	2	3	4	5	6	7	8	9	
1	M F											
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4	M F											
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Postal Code	Day											
Email	Phone											
5	M F											
Address	Year											
City	Month											
Postal Code	Day											
Email	Phone											
6	M F											
Address	Year											
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Postal Code	Day											
Email	Phone											

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.

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Instructor Name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

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Facility Name _____ Telephone _____

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Name _____ ID# _____

E-mail Address _____

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Boat Rescue
Sauvetage en embarcation

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7	M F											
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Check Box if there are more candidates on the reverse side of this page.

✓ Satisfactory Performance

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Instructor Information

Instructor Name _____ ID# _____
E-mail address _____
Telephone _____ Signature _____

Exam Information

Exam Date _____ Exam is:
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Facility Name _____ Telephone _____

Examiner Information

Name _____ ID# _____
E-mail Address _____
Telephone _____ Signature _____

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