



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Boat Rescue

Sauvetage en embarcation

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

	Date of Birth Date de naissance	Prerequisites checked	Knowledge Connaissances requises	Don. PDF of lifejacket Revêtir un VFI ou gilet de sauvetage	HELP & huddle positions Positions de survie en eau froide	Remove clothing Enlever ses vêtements	Tread or survival float - 3 min. Nage sur place ou flotter - 3 min.	Reaching & throwing assists Aides à tendre et à lancer	Rescue of non-breathing victim Sauvetage d'une victime asphyxiée	Rescue of a man overboard / Sauvetage d'une victime inconsciente	Rescue of an unconscious victim Sauvetage d'une victime inconsciente	Result
			*1	*2a	*2b	*2c	*2d	*3	*4	*5	*6	
* Items are Instructor Evaluated												
<b>1</b>	M F											
Address	Year											
City	Month											
Email	Day											
<b>2</b>	M F											
Address	Year											
City	Month											
Email	Day											
<b>3</b>	M F											
Address	Year											
City	Month											
Email	Day											
<b>4</b>	M F											
Address	Year											
City	Month											
Email	Day											
<b>5</b>	M F											
Address	Year											
City	Month											
Email	Day											
<b>6</b>	M F											
Address	Year											
City	Month											
Email	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 Name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_

### 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 \_\_\_\_\_ Telephone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

### Exam Information

Exam Date \_\_\_\_\_ Exam is:  
YY MM DD  Original or  Recert

Facility Name \_\_\_\_\_ Telephone \_\_\_\_\_

### Examiner Information

Name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_



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Candidate Number	Date of Birth Date de naissance	Prerequisites checked	*1	*2a	*2b	*2c	*2d	*3	*4	*5	*6	Result
<b>7</b>	M F											
Address	Year											
City	Postal Code											
Email	Phone											
<b>8</b>	M F											
Address	Year											
City	Postal Code											
Email	Phone											
<b>9</b>	M F											
Address	Year											
City	Postal Code											
Email	Phone											
<b>10</b>	M F											
Address	Year											
City	Postal Code											
Email	Phone											
<b>11</b>	M F											
Address	Year											
City	Postal Code											
Email	Phone											
<b>12</b>	M F											
Address	Year											
City	Postal Code											
Email	Phone											

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

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Total Pass for Exam

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E-mail address \_\_\_\_\_

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

### Exam Information

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

Original or  
 Recert

Facility Name \_\_\_\_\_

Telephone \_\_\_\_\_

### Examiner Information

Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Please complete Awards and Payment information Sections on Side 1 of test sheet. Host name, Instructor and Examiner sections must be completed on both sides 1 and 2 of the test sheet.