



LIFESAVING SOCIETY®

The Lifeguarding Experts

AQUATIC EMERGENCY CARE TEST SHEET

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

	Prerequisites Checked (attach other agency/Intermediate First Aid to test sheet)	Aquatic Spinal Injury Management	Pressure Related Injuries	Shallow Water Rescues	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					
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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		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	
SIGNATURE		CITY	PROVINCE
		POSTAL CODE	

Return completed test sheet to the Lifesaving Society Branch Office to Awards@LifeSaving.org promptly after the exam. Retain one copy for affiliate records. Do not send cash by mail.

AQUATIC EMERGENCY CARE TEST SHEET

PAGE ____ OF ____

Course Information	
EXAM DATE YY / MM / DD	
AFFILIATE NAME	
INSTRUCTOR'S NAME	
SIGNATURE	
EXAMINERS'S NAME	
SIGNATURE	

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This page may be used for additional Aquatic Emergency Care Candidates.