



LIFESAVING SOCIETY
The Lifeguarding Experts

Workplace Standard First Aid with CPR-C (Revised 2014)

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

Date of birth	Emergency First Aid Award Items	Two-rescuer CPR with AED skills: adult, child and infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result
	1	2	3	4	5	6	7	8	9	10			
1 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
Year _____ Month _____ Day _____	Original Standard First Aid: Date earned: _____ Location: _____												
2 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
Year _____ Month _____ Day _____	Original Standard First Aid: Date earned: _____ Location: _____												
3 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
Year _____ Month _____ Day _____	Original Standard First Aid: Date earned: _____ Location: _____												
4 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
Year _____ Month _____ Day _____	Original Standard First Aid: Date earned: _____ Location: _____												
5 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
Year _____ Month _____ Day _____	Original Standard First Aid: Date earned: _____ Location: _____												

Check box if there are more candidates on the reverse side of this page. This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance **F** - Fail Total Pass for Exam Total Fail for Exam

Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to: _____ () _____

Host name (Affiliate) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

Exam information

Exam date: ____ YY ____ MM ____ DD Exam is: Original **OR** Recert

Facility name (e.g., name of pool) _____ Telephone _____

Standard First Aid Instructor information

Instructor's name _____ ID# _____

E-mail address _____ () _____

Telephone _____ Signature required _____

This section to be completed by the Standard First Aid Examiner who examined the candidates.

Name _____ ID# (optional) _____

E-mail address _____ () _____

Telephone _____ Signature required _____



LIFESAVING SOCIETY
The Lifeguarding Experts

Workplace Standard First Aid with CPR-C (Revised 2014)

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

Date of birth	Emergency First Aid Award Items	Two-rescuer CPR with AED skills: adult, child and infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result
	1	2	3	4	5	6	7	8	9	10			
6 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
7 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
8 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
9 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													
10 Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____													

Check box if there are more candidates on the reverse side of this page. This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance **F** - Fail Total Pass for Exam Total Fail for Exam

Host name (Affiliate) _____
 () _____
 Telephone _____

Please complete Instructor and Payment information sections on Side 1 of the 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: ____ YY ____ MM ____ DD Exam is: Original **OR** Recert

Facility name (e.g., name of pool) _____
 () _____
 Telephone _____

This section to be completed by the Standard First Aid Examiner who examined the candidates.

Name _____ ID# (optional) _____

E-mail address _____
 () _____

Telephone _____ Signature required _____