



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Bronze Medallion

(Revised 2020)

This test sheet for original exam candidates only.

Side 1: Please record each candidate's name, and contact information accurately.

Date of birth

Prerequisites checked

1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15*	16*	17	18	19	Result
The Lifesaving Society	Drowning Chain of Survival	Rescue process	Cold water	Self-rescue	Swimming and lifesaving strokes	Victim recognition	Entries and removals	Defences and releases	Tows and carries	Search	Submerged victim recovery	Drowning resuscitation	Rescue drill: approach and carry	Endurance challenge – 400 m or yd.	Risk assessment and response	Rescue 1: from land	Rescue 2: open water	Rescue 3: non-breathing victim	

\*Items are instructor evaluated

<b>1</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								
<b>2</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								
<b>3</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								
<b>4</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								
<b>5</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								
<b>6</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									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 is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

<b>Invoicing Information</b> Host name (Affiliate or Organization paying the exam fees) ( ) Telephone Street address City Prov. Postal code	<b>Instructor Information</b> Instructor's name ID# E-mail address ( ) Telephone Signature <b>Individual who examined the candidates</b> Same as Instructor <input type="checkbox"/> or Examiner's name ID# E-mail address ( ) Telephone Signature <b>Individual who apprenticed on the exam</b> Same as Instructor <input type="checkbox"/> or Apprentice's name ID#
<b>Exam Information</b> Exam date: YY MM DD Facility name (e.g., name of pool) Telephone	



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(Revised 2020)

*This test sheet for original exam candidates only.*

Side 2: Please record each candidate's name, and contact information accurately.

Date of birth

Prerequisites checked

1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15*	16*	17	18	19
The Lifesaving Society	Drowning Chain of Survival	Rescue process	Cold water	Self-rescue	Swimming and lifesaving strokes	Victim recognition	Entries and removals	Defences and releases	Tows and carries	Search	Submerged victim recovery	Drowning resuscitation	Rescue drill: approach and carry	Endurance challenge - 400 m or yd.	Risk assessment and response	Rescue 1: from land	Rescue 2: open water	Rescue 3: non-breathing victim

\* Items are instructor evaluated

Result

<b>7</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								
<b>8</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								
<b>9</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								
<b>10</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								
<b>11</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								
<b>12</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								
<b>13</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old <b>OR</b> Bronze Star									Date earned:									Location:								

Check box if there are more candidates on the reverse side of this page. This is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

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

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

<b>Invoicing Information</b> Host name (Affiliate or Organization paying the exam fees) _____ Exam date:    YY    MM    DD	<b>Individual who examined the candidates</b> Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____
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