



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

1 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old OR Bronze Star									Date earned:									Location:								
2 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old OR Bronze Star									Date earned:									Location:								
3 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
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4 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
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5 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
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	Day	13 years old OR Bronze Star									Date earned:									Location:								
6 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																											
	Month	Prerequisites:																										
	Day	13 years old OR Bronze Star									Date earned:									Location:								

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance - Fail

This is Page _____ of _____ Pages.

Total Pass for Exam Total Fail for Exam

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

Exam Information

Exam date: _____

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

Instructor Information

Instructor's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Individual who examined the candidates Same as Instructor or _____

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Individual who apprenticed on the exam Same as Instructor or _____

Apprentice's name _____ ID# _____



LIFESAVING SOCIETY
The Lifeguarding Experts

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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

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

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