



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross

(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																	Result
	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15	16	17	
	The Lifesaving Society																	
	Non-fatal drowning																	
	Shallow water blackout																	
	Assistant lifeguard roles and responsibilities																	
	Communication																	
	Two-rescuer removals																	
	Surface dives and underwater swims																	
	Team search																	
	Two-rescuer drowning resuscitation																	
	Spinal injury management																	
	Object recovery and transport																	
	Rescue drill: recover submerged victim																	
	Endurance challenge - 400 m or yd.																	
	Safety supervision scanning																	
	Two-person rescue 1: multiple victims																	
	Two-person rescue 2: submerged victim																	
	Assistant lifeguard situations																	

1			* Items are instructor evaluated																	Result
Name	Year	Address																		
City.....Postal Code	Month	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
E-mail Phone	Day																			
2																				
Name	Year	Address																		
City.....Postal Code	Month	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
E-mail Phone	Day																			
3																				
Name	Year	Address																		
City.....Postal Code	Month	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
E-mail Phone	Day																			
4																				
Name	Year	Address																		
City.....Postal Code	Month	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
E-mail Phone	Day																			
5																				
Name	Year	Address																		
City.....Postal Code	Month	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
E-mail Phone	Day																			
6																				
Name	Year	Address																		
City.....Postal Code	Month	Prerequisites: Bronze Medallion Date earned: Location: Emergency 1st Aid Date earned: Location:																		
E-mail Phone	Day																			

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

This test sheet is Page _____ of _____ Pages.

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



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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	Result
		The Lifesaving Society	Non-fatal drowning	Shallow water blackout	Assistant lifeguard roles and responsibilities	Communication	Two-rescuer removals	Surface dives and underwater swims	Team search	Two-rescuer drowning resuscitation	Spinal injury management	Object recovery and transport	Rescue drill: recover submerged victim	Endurance challenge - 400 m or yd.	Safety supervision scanning	Two-person rescue 1: multiple victims	Two-person rescue 2: submerged victim	Assistant lifeguard situations	

* Items are instructor evaluated

7 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																		
	Month	Prerequisites:																	
	Day	Bronze Medallion			Date earned:			Location:			Emergency 1st Aid			Date earned:			Location:		
8 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																		
	Month	Prerequisites:																	
	Day	Bronze Medallion			Date earned:			Location:			Emergency 1st Aid			Date earned:			Location:		
9 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																		
	Month	Prerequisites:																	
	Day	Bronze Medallion			Date earned:			Location:			Emergency 1st Aid			Date earned:			Location:		
10 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																		
	Month	Prerequisites:																	
	Day	Bronze Medallion			Date earned:			Location:			Emergency 1st Aid			Date earned:			Location:		
11 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																		
	Month	Prerequisites:																	
	Day	Bronze Medallion			Date earned:			Location:			Emergency 1st Aid			Date earned:			Location:		
12 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																		
	Month	Prerequisites:																	
	Day	Bronze Medallion			Date earned:			Location:			Emergency 1st Aid			Date earned:			Location:		
13 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year																		
	Month	Prerequisites:																	
	Day	Bronze Medallion			Date earned:			Location:			Emergency 1st Aid			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) _____	Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ (_____) _____ Telephone _____ Signature _____
Exam Information Exam date: ____ YY ____ MM ____ DD	