



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Bronze Medallion Recertification

(Revised 2020)

*This test sheet for Recertification exam candidates only.*

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

Date of birth	Prerequisites checked	Self-rescue	Defences and releases	Submerged victim recovery	Endurance challenge – 400 m or yd.	Rescue 1: from land	Rescue 2: open water	Rescue 3: non-breathing victim	Result
		5	9	12	15	17	18	19	

<b>1</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:		Location:			
<b>2</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:		Location:			
<b>3</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:		Location:			
<b>4</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:		Location:			
<b>5</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:		Location:			
<b>6</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		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

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



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# Bronze Medallion Recertification

(Revised 2020)

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

Date of birth	Prerequisites checked	Self-rescue	Defences and releases	Submerged victim recovery	Endurance challenge - 400 m or yd.	Rescue 1: from land	Rescue 2: open water	Rescue 3: non-breathing victim	Result
7 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:		Location:			
8 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:		Location:			
9 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:		Location:			
10 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:		Location:			
11 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:		Location:			
12 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		Date earned:		Location:			
13 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year								
	Month	Prerequisites:							
	Day	Bronze Medallion		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.

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