



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Medallion

(Revised 2024)

This test sheet for original exam candidates only.

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

*Items are instructor evaluated

	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	Result
	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15*	16*	17	18	19	

1
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

13 years old **OR** Bronze Star Date earned: _____ Location: _____

2
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

13 years old **OR** Bronze Star Date earned: _____ Location: _____

3
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

13 years old **OR** Bronze Star Date earned: _____ Location: _____

4
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

13 years old **OR** Bronze Star Date earned: _____ Location: _____

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

– Satisfactory Performance
 – Fail

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 _____

Instructor Information
Instructor's name _____ ID# _____
E-mail address _____
Telephone (_____) _____ Signature _____

Exam Information
Exam Date: _____
YY MM DD
Facility name (e.g. name of pool) _____ Telephone (_____) _____

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# _____

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. **Retain one copy for your records.** Do not send cash by mail.



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

**Items are instructor evaluated*

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1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*	13*	14*	15*	16*	17	18	19	

5
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

13 years old **OR** Bronze Star Date earned: _____ Location: _____

6
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

13 years old **OR** Bronze Star Date earned: _____ Location: _____

7
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

13 years old **OR** Bronze Star Date earned: _____ Location: _____

8
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:

13 years old **OR** Bronze Star Date earned: _____ Location: _____

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

– 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 sheet.

Invoicing Information

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

Individual who examined the candidates Same as Side 1 (sign below) or

Examiner's name _____ ID# _____

Exam Information

Exam Date: _____
YY MM DD

E-mail address _____
()
Telephone _____ Signature _____

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