



Basic First Aid with AED & CPR-C

CSA Std. Z1210-17 (January 2026)

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

Goals of first aid	Legal implications of first aid	Self-protection	Anat. & phys. of ABC priorities	Assessment	Two-rescuer CPR with AED skills: adult, child & infant	Obstructed airway: conscious adult, child & infant	Obstructed airway: unconscious adult, child & infant	Management of bystanders	Respiratory emergencies	Circulatory emergencies: shock, heart attack/angina, ext. bleeding, stroke	Wounds: abdominal injury, burn injury, facial injury	Care of unconscious victim	Written test	Result
1	2	3	4	5	6	7	8	9	10	11	12	13		
5 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														
6 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														
7 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														
8 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														

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

<p>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.</p> <p>Host name (Affiliate) _____ () Telephone _____</p> <p>Exam Information Exam Date: _____ YY MM DD</p> <p>Facility name (e.g., name of pool) _____ () Telephone _____</p>		<p>Please complete Instructor and Payment information sections on Side 1 of the test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.</p> <p>This section to be completed by the Emergency or Standard First Aid Instructor who examined the candidates.</p> <p>Examiner's name _____ ID# (optional) _____ E-mail address _____ () Telephone _____ Signature _____</p>