



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Basic First Aid with AED & CPR-C

CSA Std. Z1210-17 (January 2026)

Side 1: 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		
<b>1</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															
<b>2</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															
<b>3</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															
<b>4</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															

<input type="checkbox"/>	Check box if there are more candidates on the reverse side of this page.	<input checked="" type="checkbox"/> – Satisfactory Performance	Total Pass	<input type="checkbox"/>	Total Fail	<input type="checkbox"/>
	This test sheet is page _____ of _____ page(s).	X – Fail	for Exam		for Exam	

Please complete all sections below

<b>Payment Information</b> <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: _____ Host name (Affiliate) _____ Telephone _____ _____ Street address _____ _____ City _____ Prov. _____ Postal Code _____	<b>Emergency or Standard First Aid Instructor information</b> Instructor'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 _____	This section to be completed by the Emergency or Standard First Aid Instructor who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ _____ Telephone _____ Signature _____

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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## 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		
<b>5</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															
<b>6</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															
<b>7</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															
<b>8</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____															

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



– Satisfactory Performance

X – 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.

Host name (Affiliate)

( )

Telephone

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.

### Exam Information

Exam Date: \_\_\_\_\_  
YY MM DD

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

( )

Telephone

**This section to be completed by the Emergency or Standard First Aid Instructor  
who examined the candidates.**

Examiner's name

ID# (optional)

E-mail address

( )

Telephone

Signature

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