



Intermediate First Aid

with AED & CPR-C

CSA Std. Z1210-17 (January 2026)

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

1

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

2

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

3

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

4

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

Basic First Aid Award Items	Two-rescuer CPR with AED skills: adult, child and infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result
1	2	3	4	5	6	7	8	9	10			

Prerequisites checked:

Original Standard First Aid Date Earned: _____ Location: _____

Prerequisites checked:

Original Standard First Aid Date Earned: _____ Location: _____

Prerequisites checked:

Original Standard First Aid Date Earned: _____ Location: _____

Prerequisites checked:

Original Standard First Aid 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
X – Fail

Total Pass for Exam

Total Fail for Exam

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



Intermediate First Aid

with AED & CPR-C

CSA Std. Z1210-17 (Revised 2024)

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

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 _____

Basic First Aid Award Items	Two-rescuer CPR with AED skills: Adult, Child, Infant	Suspected spinal injury	Environmental emergencies: heat, cold	Bone or joint injury	Chest injuries	Suspected head injury	Seizure	Diabetes	Poisoning	Critical Incident Stress	Written test	Result
	1	2	3	4	5	6	7	8	9	10		

Prerequisites checked:

Original Standard First Aid _____ Date Earned: _____ Location: _____

Prerequisites checked:

Original Standard First Aid _____ Date Earned: _____ Location: _____

Prerequisites checked:

Original Standard First Aid _____ Date Earned: _____ Location: _____

Prerequisites checked:

Original Standard First Aid _____ 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

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.

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