



LIFESAVING SOCIETY
The Lifeguarding Experts

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.

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		
<div> <div> <div>1</div> <div>Name</div> <div>D.O.B. (YY/MM/DD)</div> <div>Phone</div> <div>Address</div> <div>Province</div> <div>City</div> <div>Postal Code</div> <div>Email</div> </div> <div> <div>Prerequisites checked: <input type="checkbox"/></div> <div>Original Standard First Aid</div> <div>Date Earned: _____</div> <div>Location: _____</div> </div> </div>												
<div> <div> <div>2</div> <div>Name</div> <div>D.O.B. (YY/MM/DD)</div> <div>Phone</div> <div>Address</div> <div>Province</div> <div>City</div> <div>Postal Code</div> <div>Email</div> </div> <div> <div>Prerequisites checked: <input type="checkbox"/></div> <div>Original Standard First Aid</div> <div>Date Earned: _____</div> <div>Location: _____</div> </div> </div>												
<div> <div> <div>3</div> <div>Name</div> <div>D.O.B. (YY/MM/DD)</div> <div>Phone</div> <div>Address</div> <div>Province</div> <div>City</div> <div>Postal Code</div> <div>Email</div> </div> <div> <div>Prerequisites checked: <input type="checkbox"/></div> <div>Original Standard First Aid</div> <div>Date Earned: _____</div> <div>Location: _____</div> </div> </div>												
<div> <div> <div>4</div> <div>Name</div> <div>D.O.B. (YY/MM/DD)</div> <div>Phone</div> <div>Address</div> <div>Province</div> <div>City</div> <div>Postal Code</div> <div>Email</div> </div> <div> <div>Prerequisites checked: <input type="checkbox"/></div> <div>Original Standard First Aid</div> <div>Date Earned: _____</div> <div>Location: _____</div> </div> </div>												

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

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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CSA Std. Z1210-17 (Revised 2024)

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

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		
5 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____												
Prerequisites checked: <input type="checkbox"/> Original Standard First Aid _____ Date Earned: _____ Location: _____												
6 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____												
Prerequisites checked: <input type="checkbox"/> Original Standard First Aid _____ Date Earned: _____ Location: _____												
7 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____												
Prerequisites checked: <input type="checkbox"/> Original Standard First Aid _____ Date Earned: _____ Location: _____												
8 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____												
Prerequisites checked: <input type="checkbox"/> 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 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ () _____ Telephone _____ Signature _____
Exam Information Exam Date: _____ YY MM DD	

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