



LIFESAVING SOCIETY
The Lifeguarding Experts

Workplace Standard First Aid with CPR-C

(Revised 2024)

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

	Emergency 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			
1 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: _____													
2 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: _____													
3 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: _____													
4 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
 – 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 _____

Exam Information Exam is: Original OR Recert

Exam Date: _____
YY MM DD

Facility name (e.g. name of pool) _____ Telephone (_____) _____

Instructor Information

Instructor's name _____ ID# _____

E-mail address _____

Telephone (_____) _____ Signature _____

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# _____



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

Emergency First Aid Award Items	1	2	3	4	5	6	7	8	9	10	Written test	Result
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												

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

Prerequisites checked:

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

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

Prerequisites checked:

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

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

Prerequisites checked:

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

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

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
 – 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 is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Exam Date: _____ YY MM DD	

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.