



LIFESAVING SOCIETY

The Lifeguarding Experts

Basic First Aid with AED & CPR-C

CSA Std. Z1210-17 (January 2026)

Side 1: Please print each candidate's name and contact information legibly.

Date of birth	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													
1 Name Address City E-mail Phone	Year														
2 Name Address City E-mail Phone	Year														
3 Name Address City E-mail Phone	Year														
4 Name Address City E-mail Phone	Year														
5 Name Address City E-mail Phone	Year														

Check box if there are more candidates on the reverse side of this page.
 This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance F - Fail **Total Pass for Exam** **Total Fail for Exam**

Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to:

()

Host name (Affiliate)

Telephone

Street address

City

Prov.

Postal code

Exam information

Exam date: YY MM DD

()

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

Telephone

Lifesaving or Standard First Aid Instructor information

Instructor's name _____ ID# _____

E-mail address _____
() _____
Telephone _____ Signature required

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

Name _____ ID# (optional) _____

E-mail address _____
() _____
Telephone _____ Signature required



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Side 2: Please print each candidate's name and contact information legibly.

Date of birth	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		
6 Name Address City E-mail Phone															
	Year	Month	Day												
7 Name Address City E-mail Phone															
	Year	Month	Day												
8 Name Address City E-mail Phone															
	Year	Month	Day												
9 Name Address City E-mail Phone															
	Year	Month	Day												
10 Name Address City E-mail Phone															
	Year	Month	Day												

Check box if there are more candidates on the reverse side of this page.
 This test sheet is Page _____ of _____ Pages.

✓ - Satisfactory Performance

F - Fail

Total Pass
for ExamTotal Fail
for Exam

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	This section to be completed by the Emergency or Standard First Aid Instructor who examined the candidates.	
Facility name (e.g., name of pool) () Telephone	Name	ID# (optional)
	E-mail address ()	
	Telephone	Signature required