



LIFESAVING SOCIETY
The Lifeguarding Experts

Emergency First Aid with CPR-B (Revised 2014)

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	One-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		
1 Name: _____ Address: _____ Apt #: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____ Year: _____ Month: _____ Day: _____															
2 Name: _____ Address: _____ Apt #: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____ Year: _____ Month: _____ Day: _____															
3 Name: _____ Address: _____ Apt #: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____ Year: _____ Month: _____ Day: _____															
4 Name: _____ Address: _____ Apt #: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____ Year: _____ Month: _____ Day: _____															
5 Name: _____ Address: _____ Apt #: _____ City: _____ Postal Code: _____ 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 Exam

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Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to:

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 Host name (Affiliate) Telephone
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 City Prov. Postal code

Exam information

Exam date: YY MM DD Exam is: Original **OR** Recert
 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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The Lifeguarding Experts

Emergency First Aid with CPR-B (Revised 2014)

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	One-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 Apt # City Postal Code E-mail Phone															
7 Name Address Apt # City Postal Code E-mail Phone															
8 Name Address Apt # City Postal Code E-mail Phone															
9 Name Address Apt # City Postal Code E-mail Phone															
10 Name Address Apt # City Postal Code E-mail Phone															

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- Satisfactory Performance **F** - Fail

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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

Exam is: Original **OR** Recert

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

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Telephone

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

Name

ID# (optional)

E-mail address

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Telephone

Signature required