



LIFESAVING SOCIETY
The Lifeguarding Experts

Intermediate First Aid with AED & CPR-C

CSA Z1210-17 (January 2026)

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

Date of birth

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
Name
Address Apt #
City Postal Code
E-mail
Phone

Year

Month

Day

Original Standard First Aid: Date earned: Location:

2
Name
Address Apt #
City Postal Code
E-mail
Phone

Year

Month

Day

Original Standard First Aid: Date earned: Location:

3
Name
Address Apt #
City Postal Code
E-mail
Phone

Year

Month

Day

Original Standard First Aid: Date earned: Location:

4
Name
Address Apt #
City Postal Code
E-mail
Phone

Year

Month

Day

Original Standard First Aid: Date earned: Location:

5
Name
Address Apt #
City Postal Code
E-mail
Phone

Year

Month

Day

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 _____ 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

Standard First Aid Instructor information

Instructor's name

ID#

E-mail address

()

Telephone

Signature required

This section to be completed by the Standard First Aid Examiner who examined the candidates.

Name

ID# (optional)

E-mail address

()

Telephone

Signature required



LIFESAVING SOCIETY
The Lifeguarding Experts

Intermediate First Aid with AED & CPR-C

CSA Z1210-17 (January 2026)

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

Date of birth	Basic First Aid Award Items												Result
	1	2	3	4	5	6	7	8	9	10			
6													Original Standard First Aid: _____ Date earned: _____ Location: _____
Name													
Address Apt #													
City Postal Code													
E-mail													
Phone													
7													Original Standard First Aid: _____ Date earned: _____ Location: _____
Name													
Address Apt #													
City Postal Code													
E-mail													
Phone													
8													Original Standard First Aid: _____ Date earned: _____ Location: _____
Name													
Address Apt #													
City Postal Code													
E-mail													
Phone													
9													Original Standard First Aid: _____ Date earned: _____ Location: _____
Name													
Address Apt #													
City Postal Code													
E-mail													
Phone													
10													Original Standard First Aid: _____ Date earned: _____ Location: _____
Name													
Address Apt #													
City Postal Code													
E-mail													
Phone													

☐

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**

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

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

()

Telephone

This section to be completed by the Standard First Aid Examiner who examined the candidates.

Name

ID# (optional)

E-mail address

()

Telephone

Signature required