



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.

| | | | | | | | | | | | | |
|-----------|-------------|---|--|--|--|--|--|--|--|--|--|--|
| 1 Name | | Year Month Day | | | | | | | | | | |
| Address | Apt # | | | | | | | | | | | |
| City | Postal Code | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | |
| Phone | | Original Standard First Aid: Date earned: _____ Location: _____ | | | | | | | | | | |
| 2 Name | | Year Month Day | | | | | | | | | | |
| Address | Apt # | | | | | | | | | | | |
| City | Postal Code | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | |
| Phone | | Original Standard First Aid: Date earned: _____ Location: _____ | | | | | | | | | | |
| 3 Name | | Year Month Day | | | | | | | | | | |
| Address | Apt # | | | | | | | | | | | |
| City | Postal Code | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | |
| Phone | | Original Standard First Aid: Date earned: _____ Location: _____ | | | | | | | | | | |
| 4 Name | | Year Month Day | | | | | | | | | | |
| Address | Apt # | | | | | | | | | | | |
| City | Postal Code | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | |
| Phone | | Original Standard First Aid: Date earned: _____ Location: _____ | | | | | | | | | | |
| 5 Name | | Year Month Day | | | | | | | | | | |
| Address | Apt # | | | | | | | | | | | |
| City | Postal Code | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | |
| Phone | | 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 | | <input type="checkbox"/> Exam fees attached | <input type="checkbox"/> Exam fees not attached | Standard First Aid Instructor information | |
| Send invoice or receipt to: | | () | | Instructor's name _____ ID# _____ | |
| Host name (Affiliate) | | Telephone _____ | | E-mail address _____ | |
| Street address _____ | | () | | Telephone _____ Signature required | |
| City _____ Prov. _____ Postal code _____ | | This section to be completed by the Standard First Aid Examiner who examined the candidates. | | | |
| Exam information | | | | | |
| Exam date: _____ | | YY | MM | DD | () |
| Facility name (e.g., name of pool) _____ | | Telephone _____ | | 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 | Basic First Aid Award Items | | | | | | | | | | Result | |
|---------------|-----------------------------|-------|---|---|---|---|---|---|---|----|--------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 6 Name | | | | | | | | | | | | |
| Address | Apt # | Year | | | | | | | | | | |
| City | Postal Code | Month | | | | | | | | | | |
| E-mail | | Day | Original Standard First Aid: Date earned: _____ Location: _____ | | | | | | | | | |
| Phone | | | | | | | | | | | | |
| 7 Name | | Year | | | | | | | | | | |
| Address | Apt # | Month | | | | | | | | | | |
| City | Postal Code | Day | Original Standard First Aid: Date earned: _____ Location: _____ | | | | | | | | | |
| E-mail | | | | | | | | | | | | |
| Phone | | | | | | | | | | | | |
| 8 Name | | Year | | | | | | | | | | |
| Address | Apt # | Month | | | | | | | | | | |
| City | Postal Code | Day | Original Standard First Aid: Date earned: _____ Location: _____ | | | | | | | | | |
| E-mail | | | | | | | | | | | | |
| Phone | | | | | | | | | | | | |
| 9 Name | | Year | | | | | | | | | | |
| Address | Apt # | Month | | | | | | | | | | |
| City | Postal Code | Day | Original Standard First Aid: Date earned: _____ Location: _____ | | | | | | | | | |
| E-mail | | | | | | | | | | | | |
| Phone | | | | | | | | | | | | |
| 10 Name | | Year | | | | | | | | | | |
| Address | Apt # | Month | | | | | | | | | | |
| City | Postal Code | Day | Original Standard First Aid: Date earned: _____ Location: _____ | | | | | | | | | |
| 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 | This section to be completed by the Standard First Aid Examiner who examined the candidates. | |
| Facility name (e.g., name of pool) () Telephone | Name | ID# (optional) |
| E-mail address () Telephone | Signature required | |