



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Bronze Star

(Revised 2014)

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

| Date of birth  | Entries                             | H <sub>2</sub> O Proficiency      |                          |                |                |                |                        |                              | First Aid                        |           | Recognition & Rescue |                   |                    |                            |             | Result |                 |                       |                             |
|--|-------------------------------------|-----------------------------------|--------------------------|----------------|----------------|----------------|------------------------|------------------------------|----------------------------------|-----------|----------------------|-------------------|--------------------|----------------------------|-------------|--------|-----------------|-----------------------|-----------------------------|
|  |                                     | Inflate clothes & huddle – 1 min. | Recover submerged victim | Rescue drill 1 | Rescue drill 2 | Object support | Fitness medley – 100 m | Endurance – 400 m in 12 min. | Assess pulse & respiration rates | Adult CPR | Land spinal          | Victim simulation | Victim recognition | Hand signal communications | Walk & spot |        | In-water search | Rescue with a partner | Rescue non-breathing victim |
| 1  | 2                                   | 3                                 | 4                        | 5              | 6              | 7              | 8                      | 9                            | 10                               | 11        | 12a                  | 12b               | 13                 | 14                         | 15          | 16     | 17              |                       |                             |
| 1<br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |        |                 |                       |                             |
| 2<br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |        |                 |                       |                             |
| 3<br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |        |                 |                       |                             |
| 4<br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |        |                 |                       |                             |
| 5<br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |        |                 |                       |                             |
| 6<br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |        |                 |                       |                             |

Check box if there are more candidates on the reverse side of this page.  - Satisfactory Performance **F** - Fail Total Pass for Exam  Total Fail for Exam

This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

|  |   |
|--|---|
| <b>Instructor information</b><br>Instructor's name _____ ID# _____<br>E-mail address (_____) _____<br>Telephone _____ Signature _____  | <b>Exam information</b><br>Exam date: ____ YY ____ MM ____ DD<br>Exam is: <input type="checkbox"/> Original <b>OR</b> <input type="checkbox"/> Recert<br>Facility name (e.g., name of pool) _____ Telephone _____ |
| <b>Awards information</b> <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued   | <b>This section to be completed by the Lifesaving Instructor who examined the candidates.</b><br>Instructor's name _____ ID# _____<br>E-mail address (_____) _____<br>Telephone _____ Signature _____             |
| <b>Payment information</b> <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached<br>Send invoice or receipt to: _____<br>Host name (Affiliate) _____ Telephone _____<br>Street address _____<br>City _____ Prov. _____ Postal code _____ |   |



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

| Date of birth  | Entries                             | H <sub>2</sub> O Proficiency      |                          |                |                |                |                        |                              | First Aid                        |           | Recognition & Rescue |                   |                    |                            |             |                 | Result |                       |                             |
|--|-------------------------------------|-----------------------------------|--------------------------|----------------|----------------|----------------|------------------------|------------------------------|----------------------------------|-----------|----------------------|-------------------|--------------------|----------------------------|-------------|-----------------|--------|-----------------------|-----------------------------|
|  |                                     | Inflate clothes & huddle – 1 min. | Recover submerged victim | Rescue drill 1 | Rescue drill 2 | Object support | Fitness medley – 100 m | Endurance – 400 m in 12 min. | Assess pulse & respiration rates | Adult CPR | Land spinal          | Victim simulation | Victim recognition | Hand signal communications | Walk & spot | In-water search |        | Rescue with a partner | Rescue non-breathing victim |
| 1  | 2                                   | 3                                 | 4                        | 5              | 6              | 7              | 8                      | 9                            | 10                               | 11        | 12a                  | 12b               | 13                 | 14                         | 15          | 16              | 17     |                       |                             |
| <b>7</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone.....  | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |                 |        |                       |                             |
| <b>8</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone.....  | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |                 |        |                       |                             |
| <b>9</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone.....  | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |                 |        |                       |                             |
| <b>10</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |                 |        |                       |                             |
| <b>11</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |                 |        |                       |                             |
| <b>12</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year.....<br>Month.....<br>Day..... |                                   |                          |                |                |                |                        |                              |                                  |           |                      |                   |                    |                            |             |                 |        |                       |                             |

Check box if there are more candidates on the reverse side of this page.  - Satisfactory Performance **F** - Fail Total Pass for Exam  Total Fail for Exam

This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_

( )

**Please complete Instructor, Awards and Payment information sections on Side 1 of 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: \_\_\_\_\_ Exam is:  Original **OR**  Recert

YY MM DD ( )

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**This section to be completed by the Lifesaving Instructor who examined the candidates.**

Instructor's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_

( ) Telephone \_\_\_\_\_ Signature \_\_\_\_\_