



LIFESAVING SOCIETY®
The Lifeguarding Experts

Lifesaving AED

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

1 Name Address City E-mail Telephone	Sex M F	Date of Birth Y/M/D	CPR prerequisite checked	AED Knowledge: use and operation		Result
				1	2	
2 Name Address City E-mail Telephone	Sex M F					
3 Name Address City E-mail Telephone	Sex M F					
4 Name Address City E-mail Telephone	Sex M F					
5 Name Address City E-mail Telephone	Sex M F					
6 Name Address City E-mail Telephone	Sex M F					

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 Course Total Fail for Course

Instructor Information

Instructor's Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____

Payment Information

Exam fees attached Exam fees not attached

Send invoice or receipt to () _____

Affiliate _____ Telephone _____

Address _____

City _____ Province _____ Postal Code _____

Exam Information

Exam Date: _____ YY MM DD

Facility name _____ Telephone _____

Awards information

Awards issued by affiliate
 Awards not issued

Examiner Information

Examiner's Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____



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

Date of Birth Y/M/D	CPR prerequisite checked	AED Knowledge: use and operation		Result
		1	2	
7 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
8 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
9 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
10 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
11 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
12 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				

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 Course Total Fail for Course

Affiliation _____ 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.

Veuillez s'il vous plaît remplir les informations pertinentes dans les sections concernant les moniteurs, les certificats et le mode de paiement au recto de la feuille. Il faut inscrire les renseignements concernant l'examen et l'évaluateur sur les deux côtés de la feuille d'examen.

Exam Information
Exam Date: _____ YY MM DD

Facility name _____ Telephone _____ ()

Awards information
 Awards issued by affiliate
 Awards not issued

Examiner Information
Examiner's Name _____ ID# _____
E-mail _____ ()
Telephone _____ Signature _____