



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Lifesaving CPR-HCP

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

Date of Birth Y/M/D	One rescuer CPR	Two rescuer CPR	Obstructed airway: conscious adult/child	Obstructed airway: conscious infant	Obstructed airway: unconscious victim	Circulatory emergencies: heart attack or angina	Circulatory emergencies: stroke/TIA	One and two rescuer AED	Bag-Valve-Mask (BVM)	Result
	1b	2	3	4	5	6	7	8	9	
1										
Name										
Address										
City										
Postal code										
Telephone										
2										
Name										
Address										
City										
Postal code										
Telephone										
3										
Name										
Address										
City										
Postal code										
Telephone										
4										
Name										
Address										
City										
Postal code										
Telephone										
5										
Name										
Address										
City										
Postal code										
Telephone										
6										
Name										
Address										
City										
Postal code										
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

**Instructor Information**

Instructor's Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signatur \_\_\_\_\_

**Exam Information**

Exam Date: \_\_\_\_\_ YY MM DD

Facility name \_\_\_\_\_ Telephone \_\_\_\_\_

**Payment Information**

Exam fees attached     Exam fees not attached

Send invoice or receipt to \_\_\_\_\_ ( ) \_\_\_\_\_

Affiliate \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Awards information**

Awards issued by affiliate  
 Awards not issued

**Examiner Information**

Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

# Lifesaving CPR-HCP

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

Date of Birth Y/M/D	One rescuer CPR	Two rescuer CPR	Obstructed airway: conscious adult/child	Obstructed airway: conscious infant	Obstructed airway: unconscious victim	Circulatory emergencies: heart attack or angina	Circulatory emergencies: stroke/TIA	One and two rescuer AED	Bag-Valve-Mask (BVM)	Result
	1b	2	3	4	5	6	7	8	9	
7										
Name										
Address										
City										
Postal code										
E-mail										
Telephone										
8										
Name										
Address										
City										
Postal code										
E-mail										
Telephone										
9										
Name										
Address										
City										
Postal code										
E-mail										
Telephone										
10										
Name										
Address										
City										
Postal code										
E-mail										
Telephone										
11										
Name										
Address										
City										
Postal code										
E-mail										
Telephone										
12										
Name										
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**

Date: YY MM DD

Facility name Telephone ( )

**Examiner Information**

Name ID#

E-mail ( ) Telephone Signature