



LIFESAVING SOCIETY
SOCIÉTÉ DE SAUVETAGE

Lifesaving Emergency First Aid & CPR-C

- Original
 Recertification

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

Y/M/D	Date of Birth	Principles of First Aid, Anatomy & Physiology	Workplace First Aid and Legal Requirements, MB Specific	Self Protection	Prevention of Infectious Disease Transmission	First Aider Communication	Scene Assessment, Management of Bystanders	Primary & Secondary Assessment	Care of Unconscious Casualty	Shock	AED Operation	One Rescuer Adult, Child, Infant CPR	Two Rescuer Adult & Child CPR	Respiratory Emergencies	Conscious and Unconscious Obstructed Airways	Heart Attack and Angina	Stroke	Severe Bleeding	Suspected Head & Spinal Injury	Wounds	Burns	Environmental Injuries	Bone or Joint Injuries	Diabetic Emergencies, Seizures	Victim Transportation	Emergency Scene Management	Critical Incident Stress Management & Mental Health Emergencies	Result
1	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					
2	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					
3	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					
4	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					
5	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					
6	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					

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

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 _____

Year _____ Month _____ Day _____ () _____

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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7	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					
8	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					
9	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					
10	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					
11	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					
12	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																					

Check box if there are more candidates on the reverse side of this page.
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Affiliate information

Affiliate _____ Telephone _____

Exam information

Exam date _____

Year Month Day
()

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Awards issued by affiliate

Awards not issued

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Examiner's name _____ ID# _____

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Telephone _____ Signature _____

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. Retain one copy for your records. Do not send cash by mail.