



LIFESAVING SOCIETY
SOCIÉTÉ DE SAUVETAGE

Lifesaving Standard First Aid

- Original
 Recertification

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

Date of Birth	Principles of First Aid		Anatomy & Physiology	Workplace First Aid and Legal Requirements	Manitoba Specific Workplace Legislation	Self Protection	Prevention of Infectious Disease Transmission	First Aider Communication	Scene Assessment, Management of Bystanders	Primary Assessment	Secondary Assessment	AED Operation	Two-Rescuer CPR	One Rescuer Adult, Child CPR	One Rescuer Infant CPR	Conscious Obstructed Airways	Unconscious Obstructed Airways	Respiratory Emergencies	Shock	Heart Attack and Angina	Stroke	Severe Bleeding	Wounds	Burns	Facial Injury	Suspected Head Injury	Suspected Spinal Injury	Environmental Injuries - Cold	Environmental Injuries - Heat	Care of Unconscious Casualty	Bone or Joint Injuries	Abdominal or Chest Injuries	Diabetic Emergencies	Seizures	Poisoning	Victim Transportation	Emergency Scene Management	Critical Incident Stress Management	Mental Health Emergencies	Result			
	Y/M/D	1A	2A	3	4	5	6	7	8	9, 10, 11	12	15-20	21-22	24	25	23	26	27	29	30	31	33	34	35	36	37	38	40	42	42A													
1	Sex M F	Name	Address	City	Postal code	E-mail	Telephone	2	3	4	5	6	7	8	9, 10, 11	12	15-20	21-22	24	25	23	26	27	29	30	31	33	34	35	36	37	38	40	42	42A	Result							
2	Sex M F	Name	Address	City	Postal code	E-mail	Telephone																																				
3	Sex M F	Name	Address	City/Ville	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 _____	Exam information Exam date: _____ Year Month Day () Facility name _____ Telephone _____
Payment information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to () _____ Affiliate _____ Telephone _____ Address _____ City _____ Province _____ Postal code _____	Awards information <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued Examiner information Examiner's name _____ ID# _____ E-mail () _____ 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.



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

Y/M/D	Date of Birth	Principles of First Aid																				Result							
		1	2	3	4	5	6	7	8	9, 10, 11	15-20	21-22	24	25	26	27	29	30	31	33	34		35	36	37	38	40	42	42A
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Check box if there are more candidates on the reverse side of this page.
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 Total Fail for Exam

<p>Affiliate information</p> <p>Affiliate _____ Telephone _____</p>	<p>Exam information</p> <p>Exam date: _____</p> <p style="text-align: center;">Year Month Day</p> <p>Facility name _____ Telephone _____</p> <p>Awards information</p> <p><input type="checkbox"/> Awards issued by affiliate</p> <p><input type="checkbox"/> Awards not issued</p> <p>Examiner information</p> <p>Examiner's name _____ ID# _____</p> <p>E-mail _____</p> <p>() _____</p> <p>Telephone _____ Signature _____</p>
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