



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross (Revised 2003)

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

Date of birth	Prerequisites checked	* Items are instructor evaluated														Result				
		*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12		13	*14	15	
1 Name Address City Postal Code E-mail Phone	Year Month Day																			
		Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																		
		2 Name Address City Postal Code E-mail Phone	Year Month Day																	
				Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																
3 Name Address City Postal Code E-mail Phone	Year Month Day																			
				Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																
		4 Name Address City Postal Code E-mail Phone	Year Month Day																	
				Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																
5 Name Address City Postal Code E-mail Phone	Year Month Day																			
				Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																
		6 Name Address City Postal Code E-mail Phone	Year Month Day																	
				Prerequisites: Original: Bronze Medallion Date earned: _____ Location: _____ Recert: Bronze Cross Date earned: _____ Location: _____																

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.

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



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Bronze Cross (Revised 2003)

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

Date of birth	Prerequisites checked	Rescue drill	Fitness challenge	Endurance challenge	First aid assessment	One-rescuer CPR	Two-rescuer CPR	Obstructed airway: conscious adult or child	Obstructed airway: conscious infant	Obstructed airway: unconscious victim	Hypothermia	Walk, spot & evaluate	Spinal injury management	Team search	Rescue 1: multiple victims	Rescue 2: submerged victim	Rescue 3: two rescuers	Rescue 4: injured victim	Result		
		*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13	*14	15			
* Items are instructor evaluated																					
7	Name																				
	Address																				
	City	Postal Code																			
	E-mail	Phone																			
	Year																				
	Month																				
	Day																				
	Prerequisites:																				
	Original: Bronze Medallion	Date earned:																Location:			
	Recert: Bronze Cross	Date earned:																Location:			
8	Name																				
	Address																				
	City	Postal Code																			
	E-mail	Phone																			
	Year																				
	Month																				
	Day																				
	Prerequisites:																				
	Original: Bronze Medallion	Date earned:																Location:			
	Recert: Bronze Cross	Date earned:																Location:			
9	Name																				
	Address																				
	City	Postal Code																			
	E-mail	Phone																			
	Year																				
	Month																				
	Day																				
	Prerequisites:																				
	Original: Bronze Medallion	Date earned:																Location:			
	Recert: Bronze Cross	Date earned:																Location:			
10	Name																				
	Address																				
	City	Postal Code																			
	E-mail	Phone																			
	Year																				
	Month																				
	Day																				
	Prerequisites:																				
	Original: Bronze Medallion	Date earned:																Location:			
	Recert: Bronze Cross	Date earned:																Location:			
11	Name																				
	Address																				
	City	Postal Code																			
	E-mail	Phone																			
	Year																				
	Month																				
	Day																				
	Prerequisites:																				
	Original: Bronze Medallion	Date earned:																Location:			
	Recert: Bronze Cross	Date earned:																Location:			
12	Name																				
	Address																				
	City	Postal Code																			
	E-mail	Phone																			
	Year																				
	Month																				
	Day																				
	Prerequisites:																				
	Original: Bronze Medallion	Date earned:																Location:			
	Recert: Bronze Cross	Date earned:																Location:			

This test sheet is Page _____ of _____ Pages.



- Satisfactory Performance

F - Fail

Total Pass for Exam

Total Fail for Exam

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:
YY MM DD Original **OR** Recert

Facility name (e.g., name of pool)

Telephone

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

Examiner's name

ID#

E-mail address

Telephone

Signature