



Surf

Revised 2022

This test sheet is for original exam candidates only.

Side 1: Please record each candidate's name and contact information accurately.

Gender

Date of birth

Prerequisites checked

Surf beach analysis

Entries & removals

Skin diving skills

Use of rescue craft

Run-swim-run

Endurance challenge

Lifeguard communication

Positioning & rotation

Scanning & observation

Prevention & intervention

Missing person

Mgmt: distressed or drowning victim

Mgmt: submerged, non-breathing victim

Mgmt: spinal-injured victims

Mgmt: injured victim

Lifeguarding situations: team

Result

1
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prerequisites

National Lifeguard
Waterfront

Date earned: _____

Location: _____

2
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prerequisites

National Lifeguard
Waterfront

Date earned: _____

Location: _____

3
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prerequisites

National Lifeguard
Waterfront

Date earned: _____

Location: _____

4
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

Prerequisites

National Lifeguard
Waterfront

Date earned: _____

Location: _____

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

This test sheet is Page _____ of _____ Pages



- Satisfactory Performance



- Fail

Total Pass
for Exam

Total Fail
for Exam

Invoicing Information

()
Host name (Affiliate or Organization paying the exam fees) Telephone
Street address
City Prov. Postal code

Exam Information

Exam date: YY MM DD
()
Facility name (e.g., name of waterfront) Telephone

Instructor Information

Instructor's name ID#
E-mail address ()
Telephone Signature

Individual who examined the candidates Same as Instructor ☐ or

Examiner's name ID#
E-mail address ()
Telephone Signature

Individual who apprenticed on the exam Same as Instructor ☐ or

Apprentice's name ID#



Surf

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Side 2: Please record each candidate's name and contact information accurately.

Gender

Date of birth

Prerequisites checked

Surf beach analysis

Entries & removals

Skin diving skills

Use of rescue craft

Run-swim-run

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Missing person

Mgmt: distressed or drowning victim

Mgmt: submerged, non-breathing victim

Mgmt: spinal-injured victims

Mgmt: injured victim

Lifeguarding situations: team

Result

5
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

1*	2*	3*	4*	5a*	5b*	6*	7a*	7b*	7c*	8*	9a*	9b*	9c*	9d*	10*
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* Items are instructor-evaluated

Prerequisites
National Lifeguard Waterfront Date earned: _____ Location: _____

6
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

1*	2*	3*	4*	5a*	5b*	6*	7a*	7b*	7c*	8*	9a*	9b*	9c*	9d*	10*
----	----	----	----	-----	-----	----	-----	-----	-----	----	-----	-----	-----	-----	-----

Prerequisites
National Lifeguard Waterfront Date earned: _____ Location: _____

7
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

1*	2*	3*	4*	5a*	5b*	6*	7a*	7b*	7c*	8*	9a*	9b*	9c*	9d*	10*
----	----	----	----	-----	-----	----	-----	-----	-----	----	-----	-----	-----	-----	-----

Prerequisites
National Lifeguard Waterfront Date earned: _____ Location: _____

8
Last name ☐ M ☐ F
First name
Address
City Prov. Postal Code
E-mail
Phone

Year
Month
Day

1*	2*	3*	4*	5a*	5b*	6*	7a*	7b*	7c*	8*	9a*	9b*	9c*	9d*	10*
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Prerequisites
National Lifeguard Waterfront Date earned: _____ Location: _____

☐

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

This test sheet is Page _____ of _____ Pages



- Satisfactory Performance



- Fail

Total Pass for Exam

Total Fail for Exam

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

Individual who examined the candidates Same as Side 1 ☐ (sign below) or

Examiner's name ID#

Exam Information

Exam date: YY MM DD

E-mail address

()
Telephone

Signature