LIFESAVING SOCIETY

Aquatic Emergency Care / AED

☐ Certification ☐ Recertification

Please print clearly each candidate's information

Name / Last name	Member #	Gender M F	Address	City	Postal code	Phone	E-mail	Date of birth	Rescue: 25- Entries / Removals	26- Aquatic spinal injuries	27a- Unconscious victim	27b-Non-swimmer victim	27c- Injured victim	27d- Submerged victim	Results
Name / Last name	Member #	Gender M F	Address	City	Postal code	Phone	E-mail	Y M D							
Name / Last name	Member #	Gender M F	Address	City	Postal code	Phone	E-mail	Y M D							
Name / Last name	Member #	Gender M F	Address	City	Postal code	Phone	E-mail	Y M D							
Name / Last name	Member #	Gender M F	Address	City	Postal code	Téléphone	E-mail	Y M D							
Name / Last name	Member #	Gender M F	Address	City	Postal code	Phone	E-mail	Y M D							
√ Satisfactory performance									**Total Pass**						

Instructor information

Name / Last name: (dd/mm/yy)

Member #:

E-mail:

Signature:

Return completed test sheet to Lifesaving Society Branch office promptly after the course (max 2 weeks).

☐ Check box if there are more candidates on other page

This test sheet is page ___ of ___