LIFESAVING SOCIETY®

The Lifeguarding Experts

Aquatic Emergency Care / AED

☐ Certification ☐ Recertification

Please print clearly each candidate's information

	Date of birth	General										Resuscitation						Medical				Environmental					Trauma						Rescue						
		1- Standard first aid principles	2- Anatomy and physiology	3- Legal aspects of an intervention	4- Carrying an injured victim	5- Emergency procedures	6- Communications with the EMS	7- Prehospital assessment	8- Primary assessment	9- Secondary assessment	10- Chain of Survival™	11- CPR - Adult, child & infant	12- Airway obstruction - Conscious : Adult, child & infant	13- Airway obstruction - Unconscious : Adult, child & infant	14- Rescue breathing complications	15 & 16- AED with one and two rescu	17- Shock / Fainting	18- Convulsions and diabetic problems	19A- Cardiovascular emergencies	19B- Respiratory emergencies	19 C- Poisoning / Intoxication	19D- Abdominal pain	20A- Cold-related problems	20B- Heat-related problems	20C- Burns	20D- Electrocution	20E- Fatal / non-fatal drowning	21- Bleeding	22- Head or spinal injury	23A- Upper musculo-skeletal injuries	23B- Lower musculo-skeletal injuries	23C- Soft tissue injuries	23 D- Thoracic injuries	23E- Facial injuries	25- Entries / Removals	26- Aquatic spinal injury	27A- Unconscious victim	27B-Non-swimmer victim	27C- Injured victim	27D- Submerged victim	**Results**
Name / Last name	Y																																					
Member # Gender M F	M																																					
Address																																						
City Postal code	D																																					
Phone																																						
E-mail																																						
Name / Last name	Y																																					
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City Postal code	D																																					
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E-mail																																						

√ Satisfactory performance **F** Fail **Total Fail** **Total Pass**

Instructor information

Name / Last name:

Member #:

E-mail:

Signature:

Course information

Started on: (dd/mm/yy) Ended on: (dd/mm/yy)

Course location:

Affiliate: Affiliate #:

☐ Exam fees attached ☐ Exam fees not attached, send invoice

Return completed test sheet to Lifesaving Society Branch office promptly after the course (max 2 weeks). **Retain one copy for your records** Do not send cash by mail

☐ Check box if there are more candidates on other page

This test sheet is page ____ of ____