LIFESAVING SOCIETY
*The Lifeguarding Experts*

SOCIÉTÉ DE SAUVETAGE — ANAPHYLAXIE-SECOURISTES

## Anaphylaxis Rescuers

☐ 1,5 hour ☐ 4 hours

**Please print clearly each candidate's information**

| Name / First name<br>Member # Gender<br>Address<br>City Postal code<br>Phone number<br>E-mail | Date of birth | Administration: Prerequisites - 14 years old & CPR/AED certificate | Administration: Reception of pretest | Theoretical concepts: Theory on severe anaphylactic type allergic reactions | Theoretical concepts: Demonstration of the use of an auto injector | Practical concepts: Presentation of the intervention protocole | Practical concepts: Practical scenarios - 4 scenarios (1,5 h) | Practical concepts: Practical scenarios - 10 scenarios (4 h) | Results |
|---|---|---|---|---|---|---|---|---|---|
| **Name / First name**<br>Member # Gender<br>Address<br>City Postal code<br>Phone number<br>E-mail | Y<br>M<br>D | | | | | | | | |
| **Name / First name**<br>Member # Gender<br>Address<br>City Postal code<br>Phone number<br>E-mail | Y<br>M<br>D | | | | | | | | |
| **Name / First name**<br>Member # Gender<br>Address<br>City Postal code<br>Phone number<br>E-mail | Y<br>M<br>D | | | | | | | | |
| **Name / First name**<br>Member # Gender<br>Address<br>City Postal code<br>Phone number<br>E-mail | Y<br>M<br>D | | | | | | | | |
| **Name / First name**<br>Member # Gender<br>Address<br>City Postal code<br>Phone number<br>E-mail | Y<br>M<br>D | | | | | | | | |
| **Name / First name**<br>Member # Gender<br>Address<br>City Postal code<br>Phone number<br>E-mail | Y<br>M<br>D | | | | | | | | |

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

### Instructor information

Name / First name:

Member #:

E-mail:

Signature:

### Course information

Started on: Ended on:

Course location:

Affiliate: Affiliate #:

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

Return completed exam sheet to Lifesaving Society Branch office promptly after the course (max 2 weeks).
Do not send cash by mail

**Keep one copy for your records**

☐ Check this box if there are more candidates on other page

**This exam sheet is page ____ of ____**