



LIFESAVING SOCIETY
The Lifeguarding Experts

**National Lifeguard:
Pool** (Revised 2004)

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

Date of birth	Prerequisites checked	Core							Pool Option							Result				
		Lifeguarding theory and practice	Lifeguard communication	Lifeguard communication	Management of drowning victim	Management of submerged victim	Management of spinal-injured victim	Supervision: victim recognition	Pool analysis	Supervision: scanning & observation	Supervision: positioning & rotation	Entries and removals	Specialized techniques	Pool search: missing person	Physical standard: spinal carry		Physical standard: object recovery	Physical standard: approach & carry	Physical standard: rescue drill	Pool lifeguarding situations
		*1	*2a	*2b	*3a	*3b	*3c	*4	*1	*2a	*2b	*3	*4	*5	*6a	*6b	*6c	*6d	7	

* Items are instructor evaluated

1 Name Address City Postal Code E-mail Phone	Year Month Day	Prereq.: _____ Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C
		Prereq.: _____ Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C
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Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance **F** - Fail

This test sheet is Page _____ of _____ Pages.

Total Pass for Exam Total Fail for Exam

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 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 _____	This section to be completed by the NLS Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ () _____ Telephone _____ Signature _____



LIFESAVING SOCIETY
The Lifeguarding Experts

National Lifeguard: Pool (Revised 2004)

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

Date of birth	Prerequisites checked	Core							Pool Option										
		Lifeguarding theory and practice	Lifeguard communication	Lifeguard communication	Management of drowning victim	Management of submerged victim	Management of spinal-injured victim	Supervision: victim recognition	Pool analysis	Supervision: scanning & observation	Supervision: positioning & rotation	Entries and removals	Specialized techniques	Pool search: missing person	Physical standard: spinal carry	Physical standard: object recovery	Physical standard: approach & carry	Physical standard: rescue drill	Pool lifeguarding situations
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* Items are instructor evaluated

7 Name Address City Postal Code E-mail Phone	Year																		
	Month																		
	Day																		
	Prereq: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____		Recert: NLS Date earned: _____ Location: _____																
8 Name Address City Postal Code E-mail Phone	Year																		
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12 Name Address City Postal Code E-mail Phone	Year																		
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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.

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: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____
	This section to be completed by the NLS Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____