



LIFESAVING SOCIETY
The Lifeguarding Experts

National Lifeguard: Surf (Revised 2004)

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

1	2	3	4	5	6	Prerequisites checked	Core						Surf Option						Result					
							*1	*2a	*2b	*3a	*3b	*3c	*4	*1	*2a	*2b	*3	*4		*5	*6	*7	*8	*9
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							* Items are instructor evaluated																	
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							Prereq.: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																	
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							Prereq.: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																	
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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		This section to be completed by the NLS Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	
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 _____			



LIFESAVING SOCIETY
The Lifeguarding Experts

National Lifeguard: Surf (Revised 2004)

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

Gender

Date of birth

Prerequisites checked

Core

Surf 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	Surf beach analysis	Supervision: scanning & observation	Supervision: positioning & rotation	Use of rescue craft	Skin diving skills	Surf search: missing person	Surf rescue	Entries and removals	Physical standard	Surf lifeguarding situations
*1	*2a	*2b	*3a	*3b	*3c	*4	*1	*2a	*2b	*3	*4	*5	*6	*7	*8	9

Result

* Items are instructor evaluated

7 Name <input type="checkbox"/> M <input type="checkbox"/> F 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 <input type="checkbox"/> M <input type="checkbox"/> F 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: _____
9 Name <input type="checkbox"/> M <input type="checkbox"/> F 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: _____
10 Name <input type="checkbox"/> M <input type="checkbox"/> F 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: _____
11 Name <input type="checkbox"/> M <input type="checkbox"/> F 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: _____
12 Name <input type="checkbox"/> M <input type="checkbox"/> F 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: _____

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 _____

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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: Original **OR** Recert

YY MM DD

Facility name (e.g., name of pool) _____ Telephone _____

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This section to be completed by the NLS Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

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Telephone _____ Signature _____