



LIFESAVING SOCIETY®
The Lifeguarding Experts

Oxygen Administration

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

	Date of Birth Y/M/D	Knowledge 1	Victim Assessment 2	Oxygen Equipment 3	Result
1 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____					
2 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____					
3 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____					
4 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____					
5 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____					
6 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____					

Check box if there are more candidates on the reverse side of this page. This test sheet is page ___ of ___ pages.

Satisfactory Performance
 F Fail
 Total Pass for Course
 Total Fail for Course

Instructor Information

Instructor's Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____

Payment Information

Exam fees attached Exam fees not attached

Send invoice or receipt to () _____

Affiliate _____ Telephone _____

Address _____

City _____ Province _____ Postal Code _____

Exam Information

Exam Date: _____ YY MM DD

Facility name () _____ Telephone _____

Awards information

Awards issued by affiliate

Awards not issued

Examiner Information

Examiner's Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____



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

Date of Birth Y/M/D	Knowledge 1	Victim Assessment 2	Oxygen Equipment 3	Result
7 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
8 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
9 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
10 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
11 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				
12 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____				

Check box if there are more candidates on the reverse side of this page. This test sheet is page ___ of ___ pages.

Satisfactory Performance
 F Fail
 Total Pass for Course
 Total Fail for Course

Affiliate _____ Telephone _____

Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Course information, and Instructor sections must be completed on both sides 1 and 2 of the test sheet.

Exam Information

Exam Date: _____
YY MM DD

Facility Name _____ Telephone _____

Examiner Information

Examiner's Name _____ ID# _____

E-mail _____

Telephone _____ Signature _____