



Waterpark Recertification

Revised 2022

This test sheet is for recertification exam candidates only.

Side 1: Please record each candidate's name and contact information accurately.

| Gender | Date of birth | Prerequisites checked | Sprint challenge | Object recovery | Positioning & rotation | Scanning & observation | Mgmt: distressed or drowning victim | Mgmt: submerged, non-breathing victim | Mgmt: spinal-injured victims | Mgmt: injured victim | Lifeguard situations: team | Result | |
|--|---------------|---|------------------|-----------------|------------------------|------------------------|-------------------------------------|---------------------------------------|------------------------------|----------------------|----------------------------|--------|--|
| | | | 6a | 6b | 8a | 8b | 11a | 11b | 11c | 11d | 12 | | |
| 1 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone | Year | | | | | | | | | | | | |
| | Month | Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____ | | | | | | | | | | | |
| | Day | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone | Year | | | | | | | | | | | | |
| | Month | Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____ | | | | | | | | | | | |
| | Day | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 3 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone | Year | | | | | | | | | | | | |
| | Month | Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____ | | | | | | | | | | | |
| | Day | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 4 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone | Year | | | | | | | | | | | | |
| | Month | Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____ | | | | | | | | | | | |
| | Day | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Check this box if there are more candidates on the reverse side of this page.
 This test sheet is Page _____ of _____ Pages

- Satisfactory Performance

- Fail

Total Pass for Exam

Total Fail for Exam

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

Exam Information

Exam date: _____
 YY MM DD

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

Individual who examined the candidates

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____



Waterpark Recertification

Revised 2022

This test sheet is for recertification exam candidates only.

Side 2: Please record each candidate's name and contact information accurately.

| Candidate # | Gender | Date of birth | Prerequisites checked | | | | | | | | | | Result | | |
|-------------|--------|----------------------|--|-----------------|------------------------|------------------------|-------------------------------------|---------------------------------------|------------------------------|----------------------|----------------------------|--|--------|--|--|
| | | | Sprint challenge | Object recovery | Positioning & rotation | Scanning & observation | Mgmt: distressed or drowning victim | Mgmt: submerged, non-breathing victim | Mgmt: spinal-injured victims | Mgmt: injured victim | Lifeguard situations: team | | | | |
| | | | 6a | 6b | 8a | 8b | 11a | 11b | 11c | 11d | 12 | | | | |
| 5 | M F | Year Month Day | Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____ | | | | | | | | | | | | |
| | | | Last name | Address | | City | | E-mail | | Phone | | | | | |
| | | | First name | Address | | City | | E-mail | | Phone | | | | | |
| | | | Address | | City | | E-mail | | Phone | | | | | | |
| | | | City | | E-mail | | Phone | | | | | | | | |
| 6 | M F | Year Month Day | Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____ | | | | | | | | | | | | |
| | | | Last name | Address | | City | | E-mail | | Phone | | | | | |
| | | | First name | Address | | City | | E-mail | | Phone | | | | | |
| | | | Address | | City | | E-mail | | Phone | | | | | | |
| | | | City | | E-mail | | Phone | | | | | | | | |
| 7 | M F | Year Month Day | Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____ | | | | | | | | | | | | |
| | | | Last name | Address | | City | | E-mail | | Phone | | | | | |
| | | | First name | Address | | City | | E-mail | | Phone | | | | | |
| | | | Address | | City | | E-mail | | Phone | | | | | | |
| | | | City | | E-mail | | Phone | | | | | | | | |
| 8 | M F | Year Month Day | Prerequisites National Lifeguard Waterpark Date earned: _____ Location: _____ | | | | | | | | | | | | |
| | | | Last name | Address | | City | | E-mail | | Phone | | | | | |
| | | | First name | Address | | City | | E-mail | | Phone | | | | | |
| | | | Address | | City | | E-mail | | Phone | | | | | | |
| | | | City | | E-mail | | Phone | | | | | | | | |

Check this box if there are more candidates on the reverse side of this page.
This test sheet is Page _____ of _____ Pages

- Satisfactory Performance

- Fail

Total Pass for Exam

Total Fail for Exam

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

Individual who examined the candidates Same as Side 1 (sign below) or

Examiner's name

ID#

Exam Information

Exam date: YY MM DD

E-mail address

() Telephone

Signature