

SCHEDULE "C"
SWIMMING TEST ASSESSMENT REPORT

<u>"LAST NAME"</u>	<u>FIRST NAME"</u>
Permanent Code <u>"CODE"</u>	Sex <u>"SEX"</u> Assessment Date _____
College Institution <u>"COLLEGE"</u>	A.E.C. <input type="checkbox"/> yes
Address <u>"STREET", "CITY" "PROVSTATE"</u>	
Postal Code <u>"POSTAL CODE"</u>	Telephone <u>"TELEPHONE"</u>
E-mail address _____	

LIFE-SAVING PROTOCOL (Maximum period: 7 minutes 15 seconds)		
Do 10 25-m lengths including the victim's transporting Approved style, crawl or breast-stroke	P <input type="checkbox"/>	F <input type="checkbox"/>
Check the state of consciousness of the victim before the physical contact	P <input type="checkbox"/>	F <input type="checkbox"/>
Total time: _____	P <input type="checkbox"/>	F <input type="checkbox"/>
Trainer's initials: _____		

RESULT		
Final result: P <input type="checkbox"/>	F <input type="checkbox"/>	Note: P = Pass F = Fail
Signature of person in charge of assessment: _____		