



International Training

STUDENT SKILL RECORD SHEET

Student Information (Please print clearly.)

Name: _____ Birth Date: _____
Last / Family / Surname First / Given Initial Day / Month / Year

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Phone: _____ Daytime Phone: _____

Email: _____

Occupation: _____ Referred by: _____

Student initials next to each skill, indicates completion and comprehension.

CPR/AED	First Aid	BBP	O2 Administration
Scene Assessment ___ Enter and assess scene Perform Single Person CPR ___ Infant ___ Adult ___ C-A-B AED ___ Deploy AED ___ Follow AED prompts ___ Demonstrate understanding of course material	Six Basics ___ Breathing ___ Bleeding ___ Broken ___ Burns ___ Bites ___ Blows ___ Demonstrate understanding of course material	PPE ___ Apply & remove ___ Proper handling of biohazards ___ Report exposure ___ Demonstrate understanding of course material	Scene Assessment ___ Enter and assess scene Oxygen Unit ___ Setup and use of oxygen cylinder ___ Use of different types of mask ___ Demonstrate understanding of course material

The student above has completed all the requirements.

Instructor Name: _____ Date: _____
Last / Family / Surname First / Given Initial Day / Month / Year

Instr. #: _____ Facility Name: _____

Instructor Signature: _____ Date: _____
Day / Month / Year

STUDENT LETTER OF AGREEMENT: The student agrees that all of the academic and practical requirements for this First Response Training International course have been successfully fulfilled by the student. As indicated by the signature below, the student is prepared to provide care to an individual to the level of training. In addition, the student recognizes the need for certification renewal and limits of care.

Student Signature: _____ Date: _____
Day / Month / Year