Peninsula Center for Life Support, LLC P.O. Box 65, Bena VA 23018

## Written Skills Evaluation Form & Liability Statement

Instructor:				
Please <b>Print clearly</b> , we u your AHA eCard.	use this information t	o assure your ema	ail and name, so you can retrieve	
First Name	MI	Last Name		
Home address		City	State Zip	
Home #	Cell #		Date of course	
Email		Did y	ou have a book for class?	
	Written Test answ	ver sheet on back o	f this form	
emotional stress and close activity or limit your activit medical or coronary histor ask advice as to whether y If you have recently open sores on your mouth I have read and undinformation I will ask an in	ch you are enrolled may physical contact. If you by in any way, you need y that may be aggravat ou should participate in y had any type of infect or hands, it is imperational derstand the above infostructor to explain it to o not represent income	or physician has reco to realize that CPR ed by this course, you a CPR course. ious disease, includive that you defer mormation. If I do not me.		
Jeauche Signature.				
	How to cla	im your AHA eCard		
responsibility to follow the assistance let your instruct	directions on the hand for know. If you do not e limit of the access cod	lout. If you feel that claim the eCard, <b>yo</b> d des so please compl	claim your AHA eCard. It is your there may be a problem or you need will not have proof of your course ete this process in the next 7 days.	
Instructor's signature affirms	that the skills tests were	done according to the	e AHA guidelines.	
Instructor Signature: Test Version :				
Written Score:		ss (84% or higher)	☐ Unsuccessful	
Practical Test:	☐ Pa	ss	☐ Unsuccessful	

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6 0000	16 0 0 0 36 0 0 0	
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