



BASIC LIFE SUPPORT TRAINING

PARTICIPANTS RECORD & ASSESSMENT FORM

Date of Training: _____

Personal Information

| | | | | |
|--|--|-----------------|---|--|
| NAME: | | | | |
| Nationality: | | Gender: | (Mobile) | |
| DOB | | Age: | Birth of Origin (City or Town, Country) | |
| Present Address in Dubai (UAE) | | | | |
| Company Name | | Company Address | | |
| <hr/> Signature & Name of Candidate | | | | |

to be completed by the instructor

PRACTICAL ASSESSMENT

| Course Completed | (✓ or X) | (PASS or FAIL) |
|---------------------------|------------|------------------|
| DRABC Assessment | | |
| CPR Practical | | |
| AED Management | | |
| CHOKING Management | | |
| BLEEDING Management | | |
| MINOR INJURIES Management | | |
| SHOCK Management | | |
| RECOVERY Position | | |

Signature & Name of Instructor