

# Heartsaver First Aid CPR AED Course Roster

Emergency Cardiovascular Care Programs



## Topics Covered

Adult First Aid CPR AED  
Child First Aid CPR AED  
Infant First Aid CPR  
Exam

Lead Instructor \_\_\_\_\_  
Lead Instructor ID# & Exp. Date \_\_\_\_\_  
Lead Instructor Email \_\_\_\_\_  
Lead Instructor Phone Number \_\_\_\_\_  
Training Center & ID# University of Rochester Medical Center NY04387  
Training Site & ID# \_\_\_\_\_  
Course Location \_\_\_\_\_  
Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_

Course Start Date _____	Course End Date _____	Total Hours of Instruction _____
Course Start Time _____	Course End Time _____	Student-Manikin Ratio _____

## Assisting Instructors

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

\_\_\_\_\_  
Signature of Lead Instructor

\_\_\_\_\_  
Date

# Course Participants

## Heartsaver First Aid CPR AED

Adult First Aid CPR AED  
Child First Aid CPR AED  
Infant First Aid CPR  
Exam



Date \_\_\_\_\_

Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Test Score (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

# Course Participants

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Date \_\_\_\_\_

Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

<i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i>	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Test Score (if applicable)</i>
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19			
20.			

# Course Participants

## Heartsaver First Aid CPR AED

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Date \_\_\_\_\_

Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Mailing Address/Telephone</i>	<i>Complete/ Incomplete</i>	<i>Test Score (if applicable)</i>
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			

# Heartsaver Pathways Optional Topics Checklist



**Instructors:** Please complete the checklist below for participants who take the optional topics for the following course paths:

## Adult

- Heartsaver
- Office
- Educator

## Pediatric

- Heartsaver Pediatric
- Babysitter
- Water Safety

Check Table 4 in your instructor manual to determine whether the topics below are optional for each participant's course path. After completing this checklist, you will also need to select these topics for each participant's certificate. You may want to prepare and print your certificates before class.

## CPR AED

- ☐ How to Help an Adult With a Drug Overdose Emergency (Adult)
- ☐ Drug Overdose (Pediatric)
- ☐ Water Safety/Drowning

## First Aid Medical Emergencies

- ☐ Breathing Problems (Asthma) (Adult)
- ☐ Choking in an Adult, a Child, or an Infant (Adult)
- ☐ Fainting
- ☐ Diabetes and Low Blood Sugar
- ☐ Seizure

## First Aid Injury Emergencies

- ☐ Shock
- ☐ Bleeding From the Nose
- ☐ Bleeding From the Mouth
- ☐ Tooth Injuries
- ☐ Eye Injuries
- ☐ Penetrating and Puncturing Injuries

## First Aid Injury Emergencies *(continued)*

- ☐ Amputation
- ☐ Internal Bleeding
- ☐ Concussions
- ☐ Head, Neck, and Spine Injuries
- ☐ Broken Bones and Sprains
- ☐ Splinting
- ☐ Burns and Electrical Injuries
- ☐ Bites and Stings
- ☐ Heat-Related Emergencies
- ☐ Cold-Related Emergencies
- ☐ Poison Emergencies

## First Aid Prevention

- ☐ Risks of Smoking and Vaping
- ☐ Benefits of a Healthy Lifestyle
- ☐ Preventing Illness and Injury