



N. 34 page 2 GWRRA MEDIC FIRST AID ® TRAINING PROGRAMS
GOLD WING ROAD RIDERS ASSOCIATION, INC.
RIDER EDUCATION PROGRAM MEDIC FIRST AID ® TRAINING PROGRAMS



CarePlus Class Roster

Primary Instructor _____

Course Date _____

	GWRRA Number	Last Name of Student	First Name of Student	Chest Compressions	Rescue Breaths	Primary Assessment	CPR	Basic AED	Personal Safety Gloves	Control of Bleeding
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

The students listed above have demonstrated competent performance, without assistance, of the skills I have checked off.

Signature of Primary Instructor _____

Complete both pages. Send **ORIGINAL** to MEDIC FIRST AID® Coordinator or Region Educator, who will retain the **ORIGINAL** and
mail a copy to **LYDIA BOURG 935 ELDRIDGE ROAD #355 SUGAR LAND, TEXAS 77478** or email to **lboug@omsi.net**