



N. 20 page 2 GWRRA MEDIC FIRST AID® TRAINING PROGRAMS  
GOLD WING ROAD RIDERS ASSOCIATION, INC.  
RIDER EDUCATION PROGRAM MEDIC FIRST AID® TRAINING PROGRAMS  
CLASS ROSTER FOR BasicPlus CPR, AED, and First Aid For Adults



Primary Instructor \_\_\_\_\_

Course Date \_\_\_\_\_

GWRRA Number	Last Name of Student	First Name of Student	Removing Contaminated Gloves	Chest Compressions	Rescue Breathing	Primary Assessment – Unresponsive	Single Provider CPR	Primary Assessment – Responsive	Control Of Bleeding	Swollen, Painful, Deformed Limbs	Spinal Motion Restriction

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 **lbou@omsi.net**