|  | TOOL 4: Resu | ılts Transcı | ription Sheet | - BMSS | Test |
|--|--------------|--------------|---------------|--------|------|
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| <b>Evaluator's names:</b> | 1) | Date of test: |           |  |  |
|---------------------------|----|---------------|-----------|--|--|
|                           | 2) | (YYY          | YY-MM-DD) |  |  |
|                           | 2) |               |           |  |  |

| PRESENCE | SERVICE<br>NUMBER | RANK | LAST<br>NAME | FIRST NAME | ABAN<br>SH<br>DRI<br>(Trial | IIP<br>ILL | SWIM<br>SKI | SIC<br>IMING<br>LLS<br>I 1, 2) | OVERALL<br>BMSS<br>TEST<br>RESULT | CANDIDATES<br>INITIALS | DATE<br>(YYYY-<br>MM-<br>DD) |
|----------|-------------------|------|--------------|------------|-----------------------------|------------|-------------|--------------------------------|-----------------------------------|------------------------|------------------------------|
|          |                   |      |              |            | 1                           | 2          | 1           | 2                              |                                   |                        |                              |
|          |                   |      |              |            |                             |            |             |                                |                                   |                        |                              |
|          |                   |      |              |            |                             |            |             |                                |                                   |                        |                              |
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|          |                   |      |              |            |                             |            |             |                                |                                   |                        |                              |
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|          |                   |      |              |            |                             |            |             |                                |                                   |                        |                              |
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|          |                   |      |              |            |                             |            |             |                                |                                   |                        |                              |
|          |                   |      |              |            |                             |            |             |                                |                                   |                        |                              |
|          |                   |      |              |            |                             |            |             |                                |                                   |                        |                              |
|          |                   |      |              |            |                             |            |             |                                |                                   |                        |                              |

P = Pass F = Fail Empty box = Not attempted

| Evaluator's signatures: | 1) |  |
|-------------------------|----|--|
| <u> </u>                | 2) |  |

2)

3) \_\_\_\_\_