

Spring Lake, New Jersey 07762

**ATTENTION! All Spring Lake Beach Department & Pool Operation
Lifeguard Candidates for the 2009 Season:**

Both sides of this physical form must be completed & submitted prior to testing for lifeguarding in 2009. All guards need to complete a 500 meter swim test under ten minutes (for beach) or thirteen minutes (for pool).

Part 1 must be completed by the applicant (parent if under age 18) and Part 2 must be completed by a physician. This is the only form that will be accepted - *Notes only* will not substitute for this completed form! This form will be valid through September 30, 2009. If there are any questions, please call Chief Lifeguard Janet Carbin at 732-822-6007.

Part 1: APPLICANT'S MEDICAL HISTORY

Name _____ Date: _____
Address: _____ Sex: _____ Age: _____ Date of Birth _____
Town: _____ Zip Code _____ Phone #: _____

Explain "yes" answers below:

YES NO

1. Have you been hospitalized within the past year? ___ ___
2. Have you had surgery within the past year? ___ ___
3. Are you presently taking any medication or pills for a medical condition or injury? ___ ___
4. Do you have any allergies (medicine, bees or other stinging insect, food)? ___ ___
5. Have you passed out or been dizzy during/after exercise in the past year? ___ ___
8. Have you had chest pain during or after exercise in the past year?
Have you recently been told that you have a heart murmur by a physician or medical personnel? ___ ___
9. Does your heart flutter or skip heartbeats with or without exercise? ___ ___
10. Have you ever had a head injury? ___ ___
11. Have you ever had a concussion or been knocked unconscious?
If so, how many have you had? _____ When was the most recent? _____ ___ ___
12. Have you ever had any seizures that may be related to epilepsy or some other medical condition? ___ ___
13. Have you ever had any nerve-related injuries such as pinched nerve or burner? ___ ___
14. Have you experienced muscle cramps, dizziness, or passed out while exercising in the heat? ___ ___
15. Have you ever been diagnosed with asthma or exercised-induced asthma?
If yes, what type of medication are you currently using for this condition? _____ ___ ___
16. Do you wear glasses, contacts, or protective eye wear? ___ ___
When was the last time you had your eyes examined by an optometrist?

Spring Lake Beach Department - Physical Evaluation - 2009
 Post Office Box 124
 Spring Lake, New Jersey 07762

17. Have you sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries to any bones or joints during the past year? (Circle one below)

Head	Shoulder	Thigh	Neck	Elbow
Chest	Forearm	Shin/Calf	Back	Wrist
Hip	Hand	Foot	Knee	Ankle

If you answered yes to the previous question, did you receive any treatment, rehabilitation, or see a physician for this injury?

Do you use any special equipment (pads, braces, neck roll, mouth guard, eye guards, etc.) _____

18. Have you had any medical problems (infectious mononucleosis, diabetes, etc.), this past year? ___ ___
19. Are your shots, such as tetanus and measles, up to date? ___ ___
20. Have you had chicken pox? ___ ___
21. Have you had a medical problem or injury since your last physical? ___ ___

If you have any "yes" answers, please list the number of the question and a specific explanation for your answer.

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: (if age 17 or under) _____

Part 2: PHYSICIAN'S EXAMINATION (Signature: _____)

Ht: ___ Wt: ___ B.P. ___ Pulse ___ Pulse aft exer ___ Visual Acuity ___
 Hearing ___ Appearance ___ Skin ___ Lungs ___ Heart ___
 Teeth ___ Ears ___ Chest Contour ___ Abdomen ___ Eyes ___
 Hernia ___ Nose ___ Testes ___ Neck ___ Back ___
 Glands ___ Throat ___ Extremities ___ Neurological ___
 Scoliosis ___

 Clearance for full Lifeguard Participation-May 1st through September 30, 2009:

Yes No

 Date

 Physician's Signature