

Spring Lake, New Jersey 07762

**ATTENTION! All Spring Lake Beach Department & Pool Operation Lifeguard Candidates for the 2010 Season:**  
Both sides of this physical form must be completed & submitted prior to testing for lifeguarding in 2010. All guards need to complete a 500 meter swim test under 9:45 minutes (for beach) or 10 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, 2010. If there are any questions, please e-mail Chief Lifeguard Janet Carbin at janet@springlakeguards.com

**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 - 2010  
Post Office Box 124  
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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) \_\_\_\_\_

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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 \_\_\_

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

**Yes No**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature