

Spring Lake, New Jersey 07762

**ATTENTION! All Spring Lake Beach Department & Pool Operation
Lifeguard Candidates for the 2011 Season:**

Both sides of this physical form must be completed & submitted prior to testing for lifeguarding in 2011. 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, 2011. If there are any questions, pleasee-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? YES NO
2. Have you had surgery within the past year? YES NO
3. Are you presently taking any medication or pills for a medical condition or injury? YES NO
4. Do you have any allergies (medicine, bees or other stinging insect, food)? YES NO
5. Have you passed out or been dizzy during/after exercise in the past year? YES NO
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? YES NO
9. Does your heart flutter or skip heartbeats with or without exercise? YES NO
10. Have you ever had a head injury? YES NO
11. Have you ever had a concussion or been knocked unconscious?
If so, how many have you had? _____ When was the most recent? _____ YES NO
12. Have you ever had any seizures that may be related to epilepsy or some other medical condition? YES NO
13. Have you ever had any nerve-related injuries such as pinched nerve or burner? YES NO
14. Have you experienced muscle cramps, dizziness, or passed out while exercising in the heat? YES NO
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? _____ YES NO
16. Do you wear glasses, contacts, or protective eye wear?
When was the last time you had your eyes examined by an optometrist?
_____ YES NO

Spring Lake Beach Department - Physical Evaluation - 2011
 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, 2011:

Yes No

 Date

 Physician's Signature