

Spring Lake Beach Department - Physical Evaluation - 2012
Post Office Box 124
Spring Lake, New Jersey 07762

Valid through September 30, 2012-PLEASE COMPLETE BOTH SIDES
ATTENTION! All Spring Lake Beach Department & Pool Operation

Lifeguard Candidates for the 2012 Season:

Both sides of this physical form must be completed & submitted prior to testing for lifeguarding in 2012.

All guards need to complete:

500 meter swim test under 9:45 minutes (for beach) or 10 minutes (for pool).

1 mile run under 10 minutes.

Victim carry and sprint in soft sand.

Part 1 must be completed by the applicant (parent if under age 18)

Part 2 must be completed by a physician.

This is the only form that will be accepted

If there are any questions, please-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?

Applicant Signature _____ Date: _____

Physician Signature _____ Date: _____