

# Lifeguard Physical Examination

Name : \_\_\_\_\_  
                    First                    Middle                    Last

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyesight: \_\_\_\_\_ Hearing: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Has Applicant any apparent disabilities in:

Heart                      Lungs                      Joints

Veins                      Spine                      Hernia

Feet/Legs                      Hand/Arm

Has applicant ever suffered from dizzy or fainting spells? \_\_\_\_\_

If Yes, Describe \_\_\_\_\_

Does applicant suffer from Diabetes \_\_\_\_\_ Lupus \_\_\_\_\_  
Psychological Disorders \_\_\_\_\_

Has applicant ever suffered from injury ? If Yes, Explain \_\_\_\_\_

Excessive use of alcohol?

Does applicant take any medication for a psychological disorder?

Does the applicant take any non-prescribed narcotics or drugs?

Present medications: \_\_\_\_\_

REMARKS:

“I herby certify that, as a practicing physician in the State of \_\_\_\_\_

The applicant is \_\_\_ physically fit \_\_\_ not physically fit to carry out the duties of an Ocean Lifeguard”

Signature of Physician: \_\_\_\_\_ Date Examined: \_\_\_\_\_

If the Applicant is a Minor, a Parent or Guardian must sign below.

We hereby consent to the performance of this examination for purposes of a Lifeguard Physical Examination. The Applicant is under the age of eighteen (18) years and we are their parent or guardian.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_