

Spring Lake Beach Department - Physical Evaluation – 2017
Hand in before your swim/run test

Valid through September 30, 2017

ATTENTION! All Spring Lake Beach Department & Pool Operation

Lifeguard Candidates for the 2017 Season:

his physical form must be completed & submitted prior to testing for lifeguarding in 2017.

All guards need to complete as a minimum:

500 meter swim test under 9:45 minutes.

200 untimed swim for new pool applicants.

1 mile run under 10 minutes, beach only.

Victim carry/or sprint run beach only.

Your Physician must sign the bottom.

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?

17. Please list any medical conditions not listed above that we should know about.

Applicant Signature _____ Date: _____

Physician Signature _____ Date: _____