

Spring Lake Beach Department - Physical Evaluation – 2019
Hand in before your swim/run test

Valid through September 30, 2019

ATTENTION! All Spring Lake Beach Department & Pool Operation

Lifeguard Candidates for the 2019 Season:

his physical form must be completed & submitted prior to testing for lifeguarding in 2019.

All guards need to complete as a minimum:

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

1 mile run under 10 minutes.

Victim carry/or sprint run

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: _____