Lifeguard Physical Examination

Name : _____
First Middle Last

Age: _____ DOB: _____ Male: ___ Female: ___

Height: _____ Weight: _____ Eyesight: _____ (correctable to 20/20 w/lenses)

Hearing: _____ Blood Pressure:_____

Has Applicant any apparent disabilities in:

Heart	Lungs	Joints
Veins	Spine	Hernia
Feet/Legs	Hand/Arm	Vision

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 _____ rejected to carry out the duties of an Ocean Lifeguard"

Date Examined: _____ _____

Signature of Physician _____