

LONG BEACH JUNIOR LIFEGUARD SUMMER OF 2024 MEDICAL FORM

NAME _____ D.O.B _____

PERMANENT ADDRESS _____
Number Street

CITY/TOWN _____ STATE _____ ZIP _____

	NORMAL	ABNORMAL	REMARKS
HEAD			
EYES-NOSE-THROAT			
THORAX			
CARIOVASCULAR			
ABDOMEN-HERNIA			
EXTREMITIES			
SKIN			

HEARING STANDARDS: Hearing loss in either ear does not exceed 25 db between 5000 and 2000 Hz, 40 db at 3000 Hz and 45 db at 4000 Hz without correction. PASS _____ FAIL _____

BLOOD PRESSURE _____ PULSE _____ HEIGHT _____ WEIGHT _____

1. Does the above have any allergies?
 YES NO If yes please list _____

2. Is the above taking, or is required to take, daily medications which would prevent him/her from performing, in a reasonable manner, the activities of a Jr. Lifeguard should they fail to take such medications? YES NO

IF ANSWER IS "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE EXPLAIN ON BACK

ON THE BASIS OF YOUR EXAMINATION, DO YOU RECOMMEND THAT THIS APPLICANT BE CONSIDERED FOR THE Jr. LIFEGUARD PROGRAM? YES NO

THE PATIENT DESCRIBED ABOVE HAS BEEN EXAMINED BY ME OR UNDER MY DIRECT SUPERVISION WITHIN THE PAST 6 MONTHS AND THIS REPORT HAS BEEN COMPLETED BY ME OR UNDER MY DIRECT SUPERVISION AND IS CORRECT.

PHYSICIAN'S NAME _____
PRINT SIGNATURE

ADDRESS _____
NUMBER STREET TOWN/CITY STATE ZIP

TELEPHONE _____ LICENSE # _____ DATE OF EXAM _____