2020 SEA ISLE CITY BEACH PATROL PHYSICAL EXAMINATION

Part A: Health History Questionnaire To Be Completed By Lifeguard

Last Name _____ First Name _____ Birth Date ____/____/____

Permanent Address _____ City/State/Zip _____

Home Phone Number _____ Cell Phone Number _____

Directions: Please complete both sides of this medical history questionnaire and **TAKE IT WITH YOU WHEN YOU VISIT THE DOCTOR FOR YOUR PHYSICAL.** Explain yes answers after section seven of this questionnaire. Key: Y = yes, N = no, and DK = don't know

I. Have you had or do you currently have:

A. A physical within the past 365 days?	Y N DK
B. An injury or illness since your last exam?	Y N DK
C. A chronic or ongoing illness (such as diabetes or asthma)?	Y N DK
1. Use an inhaler or other prescription medicine to control asthma?	Y N DK
D. Any prescribed or over the counter medications that you take on a regular basis?	Y N DK
E. Surgery, hospitalization or any emergency room visits?	Y N DK
F. Any allergies to medications?	Y N DK
G. Any allergies to bee stings, pollen, latex or foods?	Y N DK
1. Type of reaction: rash, hives, or skin condition? (circle all that apply)	Y N DK
2. Take any medication/Epipen taken for allergy symptoms? (list at end)	Y N DK
H. Any anemias or blood disorders?	Y N DK

II. Have you had or do you currently have any of the following head related conditions since your last physical:

A. Concussion requiring a physician's evaluation?	Y N DK
1. How often and when? (answer at end)	
B. Memory loss or been knocked out?	Y N DK
C. A seizure?	Y N DK
D. Frequent or severe headaches?	Y N DK

III. Have you had or do you currently have any of the following heart related conditions since your last physical:

A. Chest pain?	Y N DK
B. Heart murmur?	Y N DK
C. High blood pressure or elevated cholesterol level?	Y N DK
D. Restriction from sports for heart problems?	Y N DK
E. Any family member or relative:	
1. Die of a heart problem before age 35?	Y N DK
2. Die of a heart problem before age 50?	Y N DK
3. Die with no know reason?	Y N DK
4. Die while exercising? During or after? (circle one)	Y N DK
5. With Marfan's Syndrome?	Y N DK

IV. Have you had or do you currently have any of the following eye, ear, nose, mouth, or throat conditions since your last physical:

A. Vision problems?	Y N DK
1. Wear contacts, eyeglasses or protective eye wear? (circle which type)	Y N DK
B. Hearing loss or problems?	Y N DK
1. Wear hearing aides or implants?	Y N DK
C. Nasal fractures or frequent nose bleeds?	Y N DK
D. Wear braces, retainer or protective mouth gear?	Y N DK
E. Frequent strep or any other conditions of the throat (e.g. tonsilitis)?	Y N DK

V. Have you had or do you currently have any of the following neuromuscular/orthopedic conditions since your last physical:

A. A burner, stinger or pinched nerve? Y N DK
B. A sprain? Y N DK
C. A strain? Y N DK
D. Swelling or pain in muscles, tendons, bones or joints? Y N DK
E. A dislocated joint(s)? Y N DK
F. Upper or lower back pain? Y N DK
G. Fracture(s) or stress fracture(s)? Y N DK
H. Do you wear any protective braces or equipment for any prior injury? Y N DK

VI. Have you had or do you currently have any of the following general or exercise related conditions since your last physical:

A. Difficulty breathing? During exercise? (circle one) Y N DK
    1. After running one mile? Y N DK
    2. Coughing, wheezing or shortness of breath in weather changes? Y N DK
    3. Exercise induced asthma? Y N DK
        a. Controlled with medication? (list at end) Y N DK
        b. Experience dizziness, passing out or fainting? Y N DK
B. Viral infections (e.g. mono, hepatitis)? Y N DK
C. Become tired more quickly than your friends? Y N DK
D. Any of the following skin conditions:
    1. Acne, contact dermatitis, ringworm, warts, herpes? Y N DK
    2. Sun sensitivity? Y N DK
E. Weight gain/loss (greater than or less than ten pounds)? Y N DK
    1. Do you want to weigh more or less than you do now? Y N DK
F. Ever had feelings of depression? Y N DK
G. Heat related problems (dehydration, dizziness, fatigue, headache)? Y N DK
    1. Heat exhaustion (cool, clammy, damp skin)? Y N DK
    2. Heat stroke (hot, red, dry skin)? Y N DK

VII. Females only:

A. Age of onset of menstruation: _____

B. Date of last menstruation: _____

C. Number of days between menstruation cycles: _____

Explain yes answers here (include dates): _____

_____

_____

_____

_____

_____

_____

I certify that the information provided herein is accurate as of the date of signature.

Lifeguard's signature _____ Date ___/___/___

Parent's/guardian's signature of minor: _____ Date ___/___/___

Part B: 2020 Physical Examination

Last Name _____ First Name _____ Age _____

Birth Date ____/____/____ Exam Date ____/____/___ Height _____ Weight _____

Blood Pressure _____/_____ Pulse _____ bpm Respiration _____

Vision R 20 /_____ L 20 /_____ Corrected Y N Contacts Y N Glasses Y N

INDICATORS	NORMAL	ABNORMAL FINDINGS/COMMENTS
Head/Neck	Yes No	
Eyes/Sclera/Pupils Funduscopic Exam	Yes No	
Ears	Yes No	
Nose/Mouth/Throat	Yes No	
Heart: Rhythms	Yes No	
Lungs: Auscultation/Percussion	Yes No	
Chest Contour	Yes No	
Skin	Yes No	
Abdomen: Assessment (include liver, spleen)	Yes No	
Tanner Stage: Testes/onset of Menses	Yes No	
Neck/Back/Spine Range of Motion	Yes No Yes No	
Spine Alignment	Yes No	
Upper Extremities	Yes No	
Lower Extremities	Yes No	
Neurological: Balance and Coordination Romberg	 Yes No Yes No	
Heel Walk	Yes NO	
Tandem Walk	Yes NO	
Nose Touch	Yes No	
Toe Walk	Yes No	
Hernia: No Evidence Of Hernias	Yes NO	

Prevention: As related to ultraviolet exposure, I have discussed with the examinee the need for eye protection and the risk of skin cancer and appropriate protection measures. **PHYSICIAN'S INITIALS** _____

Clearance: Lifeguard is fit for duty. Yes NO

Please specify each condition requiring clearance before examinee is considered fit for duty as a lifeguard. _____

_____

_____

_____

_____

_____

Physician's Stamp

Physician Information

Name _____ Phone _____ Fax _____

Street Address _____

City/State/Zip _____

Physician's Signature _____ Date _____/_____/_____