

**2026 SEA ISLE CITY BEACH PATROL MEDICAL CERTIFICATION**

Type Last Name \_\_\_\_\_ Type First Name \_\_\_\_\_

**Below to be Completed by Physician; not Lifeguard**

Date when physical examination was performed. May differ from completion date of this form.  
**(must not be left Blank)** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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** \_\_\_\_\_

Hepatitis B: According to immunization records the examinee has completed the Hepatitis B vaccination series. Physician's initials in this section are only required for FIRST TIME (FIRST YEAR) APPLICANTS.  
**PHYSICIAN'S INITIALS** \_\_\_\_\_

Clearance: Examinee is physically fit and able to perform the below job duties of an ocean lifeguard.  
**PHYSICIAN'S INITIALS** \_\_\_\_\_

Lifeguard Duties: Duties of an ocean lifeguard include swimming, running, rowing, paddling a rescue board, moving lifeguard boats and stands, hearing, visual observations, and performing CPR and providing first aid.

Physician's Stamp

Physician Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_