2012 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): ____

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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: 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: Murmurs/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	
Scoliosis	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 (if possible circle yes and explain)	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. _________________________________

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Physician's Stamp

Physician Information

Name ______________________________ Phone ______________________ Fax ____________________

Street Address ____

City/State/Zip ____

Physician's Signature ____ Date _____/_____/_____