

**Medical or Osteopathic Physician's Documentation of the Physical Health of
an Individual Applying for Employment/Re-Employment as a
Wildwood Crest Beach Patrol Seasonal Open Water Lifeguard**

I certify that I have examined/documentated: (print)

First Name _____ MI. _____ Last Name _____

Date of Birth ____/____/____

Permanent Address _____

City _____ State _____ Zip _____

and find his/her condition as indicated below:

In my opinion the above named individual (Check one & initial)

- Does** possess the adequate vision, hearing acuity, physical ability, and stamina to perform the duties of an open water ocean lifeguard.

(initial) _____

- Does not** possess the adequate vision, hearing acuity, physical ability, and stamina to perform the duties of an open water ocean lifeguard.

(initial) _____

Signature of Physician and Stamp:

Date _____ Phone # _____

Address _____

City _____ State _____ Zip _____

***To perform the duties required of an open water lifeguard the above named
individual must be able to do the following:***

- Running/sprinting on beach/sand
- Ocean swimming
- Paddling a rescue paddleboard in ocean/surf
- Rowing a surfboat in ocean