

**Medical, 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 demonstrate proficiency in the following:***

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