

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

I certify that I have examined/documentated:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
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)

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

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

- Run/sprint on the beach/sand
- Swim in the ocean
- Paddle a lifeguard rescue board

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

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