



# JONES BEACH JUNIOR LIFEGUARD CORPS - HEALTH CERTIFICATE

PHYSICIANS PLEASE NOTE: Sports PX. - lines with arrows must be completed.

Name: \_\_\_\_\_ Gender:  M  F Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached Dental Referral  Yes  No  Not done Date: \_\_\_\_\_  
 Immunization given since last Health Appraisal: \_\_\_\_\_  
 Significant Medical/Surgical History:  See attached \_\_\_\_\_  
 Allergies:  LIFE THREATENING  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_  
 Seasonal  Medication: \_\_\_\_\_

### PHYSICAL EXAM

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

**9th /10th grade only** Body Mass Index: \_\_\_\_\_  
 Weight Status Category (BMI Percentile):  
 less than 5th  5th through 49th  50th through 84th  
 85th through 94th  95th through 98th  99th and higher

|  | R | L | Referral |
|--|---|---|----------|
| Vision - without glasses/contact lenses                      |   |   |          |
| Vision - with glasses/contact lenses                         |   |   |          |
| Vision - Near Point  |   |   |          |
| Hearing <input type="checkbox"/> Pass 20 db sc both ears or: |   |   |          |

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis:  Negative  Positive: \_\_\_\_\_  
 Specify any abnormality: \_\_\_\_\_

### MEDICATIONS (INCLUDING OVER THE COUNTER)

Medications (list all including Inhaler / Tylenol / Advil / Epi-Pen):  None  Additional medications listed on reverse of form  
 Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_  
 If A.M. dose is missed at home: \_\_\_\_\_

I assess this student to be self-directed  Yes  No Student may self carry and self administer medication  Yes  No  
 Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHYSICAL EDUCATION / SPORTS / PLAYGROUND / EMPLOYMENT QUALIFICATION / CSE COMMITTEES

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:  
 \_\_\_ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.  
 \_\_\_ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.  
 Specify medical accommodations needed for school: \_\_\_\_\_  None  
 Known or suspected disability: \_\_\_\_\_  Please monitor  
 Restrictions: \_\_\_\_\_  Please monitor  
 Protective equipment required:  Athletic Cup  Sport goggles/impact resistant eyewear  Other: \_\_\_\_\_

### OPTIONAL INFORMATION, if known

Specify current diseases:  Asthma Diabetes:  Type 1  Type 2  Hyperlipidemia  Hypertension  
 Other: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

OFFICE STAMP