

JONES BEACH JUNIOR LIFEGUARD CORPS - HEALTH CERTIFICATE

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

									Grade: _
			IMI	MUNIZATION	S / HEALTH	ніѕтої	RY		
☐ Immunizatio	on record attached	t		Dental Refe	eral 🖵 Yes	□ No	☐ Not done	Date: _	
☐ Immunizatio	on given since last	Health Apprais	al:						
Significant Me	edical/Surgical His	tory: 🛭 See atta	ched						
Allergies:	□ LIFE THE	REATENING		☐ Food:		💷 In	sect:	Other:	
	□ Seasonal	I		☐ Medication	on:				
				PHYSI	CAL EXAM				
Height:		_ Weight:			Blood Pressu	ıre:		Date of Exam	:
9th /10	th grade or	1 V Body Mass	Index:		7				
	tus Category (BMI						sses/contact lenses	R	L
less than		through 49th	□ 50th t	hrough 84th			s/contact lenses	R	L
	ugh 94th □ 95th	Ü		Ü	Vision - Ne			R	L
					Hearing 🖵	Pass 20	db sc both ears or:	R	L
	rirely Normal onormality:			III. IV. V		Sco	liosis:	☐ Positive:	
		M	EDICATI	ONS (INCLU	DING OVER	THE C	OUNTER)		
Medications (li	ist all including Inh	naler / Tylenol / /	Advil / Eni	-Pen)· [i None	ПΑ	dditional medications	listed on reve	rse of form
•	· ·	•	tovii / Lpi	1 011).	110110	-/-	aditional modications	notoa on rovo	00 01 101111
				Г	osage/Time:				
Name [.]					•				
				[Dosage/Time:				
				[Dosage/Time:				
If A.M. dose is				[osage/Time:				
If A.M. dose is I assess this so Note: Nurse w	s missed at home:	directed □ Yes	□ No e school :	Stu setting. Please a	Dosage/Time: dent may self of divise parent to	carry and		cation 🖵 Yes	□ No
If A.M. dose is I assess this si Note: Nurse w sheltering is no	s missed at home: tudent to be self-c rill also assess self	directed	☐ No e school s ng medica	Stu Setting. Please a ation has not be	Dosage/Time: dent may self of dvise parent to en given.	carry and	self administer medication	cation	□ No nat emergen
If A.M. dose is I assess this so Note: Nurse w sheltering is no	s missed at home: tudent to be self-o vill also assess self ecessary at schoo nature:	directed	☐ No e school s ng medica	Stu Setting. Please a ation has not be	Dosage/Time: dent may self of dvise parent to en given.	carry and	self administer medication	cation	□ No nat emergen
If A.M. dose is I assess this si Note: Nurse w sheltering is no Parent Sign PH' Free from co Limited co	s missed at home: tudent to be self-covill also assess selfecessary at school ature: YSICAL EDUCA ontagions & physical ontact: cheerlead,	directed Yes f-direction for the of or if the morning ATION / SPO cally qualified for gymnastics, ski	□ No e school s ng medica RTS / P or all physical	Stusetting. Please a ation has not be student between the state of the	dent may self of dvise parent to en given. / EMPLOYIP	carry and o send in	self administer medication Date:	cation Yes in the event	□ No nat emergen
If A.M. dose is I assess this st Note: Nurse w sheltering is no Parent Sign PH' Free from co Limited co Non-conta	s missed at home: tudent to be self-covill also assess selfecessary at school ature: YSICAL EDUCA ontagions & physic ontact: cheerlead, act: badminton, book	directed Yes f-direction for the or if the morning ATION / SPO cally qualified for gymnastics, ski bwl, golf, swim,	□ No e school s ng medica RTS / P or all physi , volleyba table tenr	Stusetting. Please a ation has not been been been been been been been bee	dent may self of dvise parent to en given. / EMPLOYI ports, playgrou, handball, fencry, riflery, weight	carry and o send in	self administer medication additional medication Date: RUALIFICATION / & school activities O all, floor hockey, softk	cation Yes in the event	□ No nat emergen
If A.M. dose is I assess this so Note: Nurse we sheltering is note. Parent Sign PH' Free from comparities to be compared to	s missed at home: tudent to be self-cill also assess selfecessary at schoo nature: YSICAL EDUCA ontagions & physic ontact: cheerlead, gact: badminton, bodical accommodat	directed Yes f-direction for the lor if the mornin ATION / SPO cally qualified for gymnastics, ski bwl, golf, swim, tions needed for	□ No e school s ng medica RTS / P or all phys , volleyba table tenr r school:	Stusetting. Please a ation has not be a strong the strong through the	dent may self of dvise parent to en given. / EMPLOYI ports, playgrouthandball, fencing, riflery, weight	ment Gund, workee, baseb	self administer medication additional medication Date: QUALIFICATION / a & school activities O all, floor hockey, softtrew, dance, track, run	cation Yes in the event the common term of the com	□ No nat emergend ITTEES ked: mp.
If A.M. dose is I assess this si Note: Nurse w sheltering is no Parent Sign PH' Free from co Limited co Non-conta Specify med	s missed at home: tudent to be self-cill also assess selfecessary at schoo nature: YSICAL EDUCA ontagions & physic ontact: cheerlead, gact: badminton, bodical accommodat	directed Yes f-direction for the or if the morning ATION / SPO cally qualified for gymnastics, skip owl, golf, swim, tions needed for y:	□ No e school s ng medica RTS / P or all phys , volleyba table tenr r school:	Stusetting. Please a ation has not bed	dent may self of dvise parent to en given. / EMPLOYIP ports, playgrou, handball, fenctry, riflery, weight	carry and o send in	self administer medication additional medication Date: RUALIFICATION / & & school activities O all, floor hockey, softk rew, dance, track, run	CSE COMM R only as checoall. walk, rope jui	□ No nat emergen IITTEES eked: mp. e monitor
If A.M. dose is I assess this si Note: Nurse w sheltering is no Parent Sign PH' Free from co Limited co Non-conta Specify med Known or st Restrictions	s missed at home: tudent to be self-continuous assess selfecessary at school nature: YSICAL EDUCA ontagions & physical ontact: cheerlead, sect: badminton, bodical accommodat uspected disability	directed Yes f-direction for the or if the morning ATION / SPO cally qualified for gymnastics, ski bwl, golf, swim, tions needed for y:	□ No e school s ng medica RTS / P or all physis, volleyba table tennor school:	Sture setting. Please a sation has not be sation.	dent may self of dvise parent to en given. / EMPLOYIP ports, playgrou, handball, fenctry, riflery, weight	went curve and in work to be a base but train, c	self administer medication additional medication Date: QUALIFICATION / & school activities O all, floor hockey, softtrew, dance, track, run	cation Yes in the event	□ No nat emergen IITTEES eked: mp. e monitor
If A.M. dose is I assess this si Note: Nurse w sheltering is no Parent Sign PH' Free from co Limited co Non-conta Specify med Known or st Restrictions	s missed at home: tudent to be self-covill also assess self-ecessary at school nature: YSICAL EDUCA contagions & physic contact: cheerlead, act: badminton, bodical accommodat uspected disability	directed Yes f-direction for the or if the morning ATION / SPO cally qualified for gymnastics, ski bwl, golf, swim, tions needed for y:	□ No e school s ng medica RTS / P or all physi , volleyba table tennor school: ic Cup	Sture setting. Please a sation has not be sation.	dent may self of dvise parent to en given. / EMPLOYI ports, playgrou, handball, fencry, riflery, weight	went count, work to be, basebet train, co	self administer medication additional medication Date: QUALIFICATION / a & school activities O all, floor hockey, softtrew, dance, track, run ewear	cation Yes in the event	□ No nat emergen IITTEES eked: mp. e monitor
If A.M. dose is I assess this si Note: Nurse w sheltering is no Parent Sign PH' Free from co Limited co Non-conta Specify med Known or su Restrictions Protective e	s missed at home: tudent to be self-covill also assess self-ecessary at school nature: YSICAL EDUCA contagions & physic contact: cheerlead, act: badminton, bodical accommodat uspected disability	directed Yes f-direction for the lor if the mornin ATION / SPO cally qualified for gymnastics, ski owl, golf, swim, tions needed for y: d: Athlet	PRTS / Por all physics, volleybatable tennor school: ic Cup OP	Stusetting. Please a ation has not be still be s	dent may self of dvise parent to en given. / EMPLOYI ports, playgrou, handball, fencing, riflery, weighted the ports of	carry and o send in went of train, constant eyes	self administer medication additional medication Date: QUALIFICATION / a & school activities O all, floor hockey, softtrew, dance, track, run ewear	cation Yes in the event	□ No nat emergen IITTEES eked: mp. e monitor e monitor
If A.M. dose is I assess this st Note: Nurse w sheltering is note Parent Sign PH' Free from co Limited co Non-conta Specify med Known or st Restrictions Protective e	s missed at home: tudent to be self-continuous assess selfecessary at school nature: YSICAL EDUCA ontagions & physical ontact: cheerlead, act: badminton, bodical accommodat uspected disability cquipment required	directed Yes f-direction for the of or if the mornin ATION / SPO cally qualified for gymnastics, ski bwl, golf, swim, tions needed for y: d: Athlet Asthma Other:	RTS / P or all physic, volleybatable tenrer school: ic Cup OP	Stusetting. Please a ation has not been been been been been been been bee	dent may self of dvise parent to en given. / EMPLOYI ports, playgrou handball, fencry, riflery, weightles/impact resi	carry and o send in went of train, constant eyes	self administer medication Date: Date: RUALIFICATION / a & school activities O all, floor hockey, softs rew, dance, track, run ewear	CSE COMM R only as checoall. None Please Please	□ No nat emergen IITTEES eked: mp. e monitor e monitor