

## JONES BEACH JUNIOR LIFEGUARD CORPS - HEALTH CERTIFICATE

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

Name:						Ge	ender: 🖵 M	ΩF	Date of Birth:		Grade: _	
			II	MUM	NIZATIO	ONS	/ HEALTH	HISTO	RY			
☐ Immunizatio	on record attached	i			Dental I	Refer	al 🖵 Yes	□ No	☐ Not done	Date:		
☐ Immunizatio	on given since last	Health Appraisa	al:									
Significant Me	dical/Surgical His	tory: ⊒ See atta	ched _									
Allergies:	□ LIFE THE	REATENING			□ Food	:		🗆 lr	sect:	Other:		
	□ Seasona	I			☐ Medi	catior	n:					
					PH	YSIC	AL EXAM					
Height:		Weight:				-	Blood Pressu	ıre:		Date of Exam:	:	
9th /10	th grade or	<b>1ly</b> Body Mass	Index:									Referra
Weight Status Category (BMI Percentile): ☐ less than 5th ☐ 5th through 49th ☐ 50th through									sses/contact lenses	R	L	
					gh 84th				es/contact lenses	R	L	
□ 85th thro	ugh 94th 🛚 95tl	95th through 98th 🚨 99th and higher			nigher		Vision - Ne		db sc both ears or:	R	L	
							Ticaming =					
	TIRELY NORMAL onormality:								oliosis:   Negative	☐ Positive:		
							ING OVER		OUNTER)			
Madiaationa (	ist all including Inl				-		None		dditional medications	listed on rever	ma of form	
	_								dultional medications			
							•					
II A.IVI. GOSE IS	missed at nome:											
l assess this s	tudent to be self-o	directed 🖵 Yes	□ No			Stud	ent may self o	carry and	self administer medic	cation 🗆 Yes	□ No	
	rill also assess sel ecessary at schoo							send in	additional medication	n in the event th	nat emerger	ncy
Parent Signature:								Date:				
PH	YSICAL EDUC	ATION / SPO	RTS /	PLAY	'GROU	ND /	'EMPLOYI	MENT (	QUALIFICATION /	CSE COMM	IITTEES	
Limited co	ontact: cheerlead,	gymnastics, ski	, volley	oall, cr	oss-cou	ntry, ł	nandball, fend	ce, baset	« & school activities O pall, floor hockey, softl crew, dance, track, rur	ball.		
Specify med	dical accommoda	tions needed for	r schoo	l:						None		
☐ Known or suspected disability:												
	: quipment required		io Cup				es/impact resi		ewear 🖵 Othe		monitor	
- Frotective e	equipment required	a. Atmet					·					
							RMATION,					
Specify cur	rent diseases:	☐ Asthma☐ Other:					□ Type 2		1 Hyperlipidemia	☐ Hypert	tension	
Physician's Signature:								OFFICE STAMP				
	<i>-</i>											
11011 <del>C</del> .		га	^									