



Manasquan Beach Department

205 Beachfront, Manasquan, NJ 08736 - 732-223-2514

2024

Manasquan Beach Patrol Seasonal Open Water Lifeguard Medical Qualification Form

I certify that I have examined and documented the following individual:

Name Phone Date of Birth

Mailing Address City State Zip

Date of Last Physical Height Weight

And medically certify that his/her condition below:

___ **Does Possess** the adequate vision, hearing acuity, physical ability and stamina to perform the duties of an open water ocean lifeguard, with or without reasonable accommodation.

___ **Does Not** possess the adequate vision, hearing acuity, physical ability and stamina to perform the duties of an open water ocean lifeguard, with or without reasonable accommodation.

To perform the duties required of an open water ocean lifeguard, the above named individual must be able to do the following, with or without reasonable accommodation (*examples of duties listed below, list is not all inclusive*):

- Running/sprinting on beach/sand
- Ocean swimming
- Paddling a rescue paddleboard in ocean/surf
- Use equipment such as rescue can, paddleboard, ocean kayak, lift backboard with a patient on it
- Rowing a surfboat in ocean
- Able to swim and rescue someone in the ocean larger than them and bring them to safety
- Able to perform CPR skills for extended period of time
- Jump and land in soft sand from the lifeguard tower four-six feet in the air

If applicable, provide details regarding the requested accommodation and medical condition which requires it.

Signature of Physician

Date

Physician Address

***Form must be stamped by the physician's office doing the exam using their office/business stamp.**