

**ALLEGHENY COUNTY
DEPARTMENT OF PARKS**

NAME _____

Please answer the following questions, and then have a physician complete the bottom of this form. When it is completed, please bring it with you to the test.

NO TESTS WILL BE ADMINISTERED WITHOUT A DOCTOR'S CERTIFICATION!

1. Have you had surgery in the past twelve months? _____

If yes, please explain: _____

2. Have you ever had a skin biopsy? _____

If yes, date and results: Date _____, _____

3. Have you ever had heat stroke? _____, heat exhaustion? _____

PHYSICAL EXAMINATION FORM

Please be sure to check the following items during physical:

1. GENERAL: _____

2. EYES: _____

3. EARS: _____

4. HEAD AND NECK: _____

5. HEART: _____

6. CHEST AND LUNGS: _____

7. BLOOD PRESSURE: _____

8. BACK: _____

9. NERVOUS SYSTEM: _____

10. DERMATOLOGY EXAM (Please check for unusual growths and discoloration):

11. OTHER: _____

IN YOUR OPINION, IS APPLICANT PHYSICALLY CAPABLE OF PERFORMING LIFEGUARD DUTIES? _____ REMARKS: _____

QUALIFIED () NOT QUALIFIED ()

Date: _____ Signature: _____ M.D.

Physician office phone number: () _____ - _____