



BEACH LIFEGUARD MEDICAL REVIEW

Candidates are required to provide evidence of medical fitness for the post of Beach Lifeguard with their application. This medical review must be completed by a General Practitioner and must be submitted as part of the application process. This form allows us to obtain relevant medical information so we can ensure, as much as possible, that you are a suitable physical and medical match to the role for which you are applying and can carry out the role without risk of harm to yourself or others, if employed.

PERSONAL DETAILS to be completed by candidate		
Name:		
Address:		
Date of Birth:		
Family Doctor & Contact Number:		
IN CASE OF AN EMERGENCY please provide the following information		
Emergency Contact Name:		
Relationship to You:		
Emergency Contact Number:		
MEDICAL DETAILS to be completed by your GP		
<i>Tick Yes/No below, if yes, please explain where appropriate</i>		
Is the above named currently receiving any medical treatment for any illness, injury or medical condition ?	Yes, please explain.	No
Does the above named have any pre-existing/chronic/long term injuries/illness ?	Yes, please explain.	No
Is the above named taking any medications that can impact their ability to work as a Beach Lifeguard ?	Yes, please explain.	No
Does the above named have any known allergies ?	Yes, please explain.	No
Has the above named ever suffered from any of the following illness:		
• Visual Impairment/Eye Conditions (inc. colour blindness)	Yes, please explain.	No
• Hearing Impairment/Ear Conditions	Yes, please explain.	No
• Severe anxiety, depression, other psychiatric disorder	Yes, please explain.	No
• Fainting attacks, blackouts, epilepsy or fits	Yes, please explain.	No
• Vertigo or Tinnitus	Yes, please explain.	No
• Heart disease, high blood pressure	Yes, please explain.	No
• Asthma, bronchitis, tuberculosis or other chest disease	Yes, please explain.	No
• Diabetes	Yes, please explain.	No
• Infectious Disease	Yes, please explain.	No
VACCINATION HISTORY		
Has the above named had a Tetanus/Diphtheria booster shot in the last 10 years ?	Yes/No	
ADDITIONAL COMMENT		

GP STAMP

This is to certify that I have examined the above named person who according, to my opinion, is medically fit to be employed as a Beach Lifeguard.

GP Signature	Date