



**APPLICATION FOR APPROVAL OF LIFEGUARD QUALIFICATIONS**  
 Nassau County Department of Parks, Recreation and Museums Lifeguard Certification  
 Nassau County Aquatic Center, Eisenhower Park, East Meadow, NY 11554  
 Phone # 516-572-6591

Last Name (Print)	First Name	Middle Initial	Sex
No.	Street		
Town	State	Zip Code	
Date of Birth / /	E-Mail Address	Phone#	

*Physician(s) information and signatures **MUST** be completed in both sections of the application.*

**EYE EXAMINATION** (To be completed by physician, ophthalmologist or optometrist)

Enter best vision test score (SNELLEN) for each eye with and without corrective lenses. **Please enter numerical score only (e.g. 20/20).**

<b>R</b>	<b>UNCORRECTED</b>	<b>L</b>	<b>R</b>	<b>CORRECTED</b>	<b>L</b>	Is it necessary for the applicant to wear corrective lenses to achieve a minimum Snellen score of 20/40 in one eye? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Physician's Name:</b>					<b>Signature</b>	
<b>Address:</b>						
<b>Phone #:</b>			<b>License No.:</b>		<b>Date of Exam:</b>	

**MEDICAL EXAMINATION**

Item	Normal	Abnormal	Additional Remarks by Physician	
Head				<p align="center"><b>HEARING STANDARDS</b></p> <p>Hearing loss in either ear does not exceed 25db between 500 and 2000Hz, 40db to 3000Hz, and 45db to 4000Hz without correction</p> <p align="center"><input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b></p>
Eyes/Nose/Throat				
Thorax/Chest/Pulmonary				
Cardiovascular				
Abdomen/Hernia				
Extremities				
Skin				
Other Defects				

On the basis of your examination, do you recommend that this applicant be considered for a position of a lifeguard?  **YES**  **NO**

<b>Physician's Name:</b>	<b>Signature</b>
<b>Address:</b>	
<b>Phone #:</b>	<b>License No.:</b> <b>Date of Exam:</b>

**I HEREBY ACKNOWLEDGE THAT FALSIFICATIONS OF ANY PART OF THIS APPLICATION WILL AUTOMATICALLY RESULT IN REVOCATION OF ANY LIFEGUARD CERTIFICATION ALREADY HELD AND A TWO-YEAR SUSPENSION FROM TAKING A LIFEGUARD TEST IN ANY GRADE.**

<b>Signature of Applicant:</b>	<b>Date:</b>
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## **INSTRUCTIONS FOR COMPLETING APPLICATION**

1. All first time applicants are required to apply in person. The office will process applicant between the hours of 8:30a-4:30pm Monday through Friday. The office will be also open for late hours on Wednesdays between May & June. Please check our schedule on our main page for times.
2. Have your physician(s) enter the results of your medical, eye and hearing examination on the reverse side of this form. Physician(s) information and signatures must be completed in both sections of the application. **No copies or faxed signatures will be accepted** **Originals are required**. The examination is valid for one year. A medical doctor must perform **the medical and hearing examination**.
3. First time applicants **MUST** apply in person and provide the original Lifeguard training certification.
4. If you are recertifying, please bring your current or expiring card **prior** to it expiring. You must pass the recertification test. Failure to recertify will require you to take the lifeguard training course in its's entirety.
5. Sign your name in the space provided on the reverse side of this form.
6. All applicants must provide a debit or credit card for the amount of \$100.
7. Please be advised, there may be a 4-6 week waiting period from the time you apply to the next available test date. For those interested in applying for a restricted grade 1R card, test dates are offered late spring.
8. Please be advised, the application must be 100% complete in order for an applicant to processed and test date to be given. There are **NO EXCEPTIONS!**