South Carolina Basketballl Officials Association
P.O. Box 211575
Columbia, SC 29221-6576

Physical Examinations must be conducted after July 1 and before an official's first game assignment. **No assignment will be made until this form has been submitted to the district director.**

To the Physician: Officiating is exacting work and involves considerable physical and nervous strain. If you have facts or impressions, which should be made known, record them in a separate letter. This information will remain confidential.

Name_____ Date of Birth _____

Address _____

Medical History	Yes	No
1. Diabetes		
2. Epilepsy		
3. Heart Disease		
4. Chest Pains		
5. Dyspnea		
6. Claudication		
7. Palpitations		
8. Hypertension		
9. Fainting Spells		
10. Cigarette Smoker		
11. On Medication		
12. Recent Illness		
13. Hospitalized		
14. Weight at age 22		

Family History	Yes	No
1. Diabetes		
2. Hypertension		
3. Early Death		
4. Hypercholesterolemic		

Explain any Yes answers

PHYSICAL EXAM

I. EYES

A. Uncorrected: R _____ L _____ Corrected: R _____ L _____

B. Are Glasses/Contact lenses recommended? Yes _____ No _____

C. Are Safety lenses required? Yes _____ No _____

II. CARDIOVASCULAR

A. Blood Pressure Systolic_____ Diastolic_____

B. Heart Sounds Regular Yes _____ No _____

Murmurs Yes _____ No _____

Describe: _____

C. Pulse Rate: Resting _____

(Exercise – Run in place for 2 minutes)

Immediately After Exercise _____

2 Minutes After Exercise _____

D. Dorsalis Pedis Pulse _____

III. ABDOMEN

A. Hepatomegaly Yes _____ No _____

B. Splenomegaly Yes _____ No _____

C. Masses Yes _____ No _____

IV. MUSCULOSKELETAL

A. Height: _____ Weight: _____

B. Frame: Heavy _____ Medium _____ Light _____

C. Overweight: Yes _____ No _____

V. URINALYSIS

A. Sugar Yes _____ No _____

B. Protein Yes _____ No _____

MEETS PHYSICAL REQUIREMENTS FOR A BASKETBALL OFFICIAL? **Yes** _____ **No** _____

Date **Signed** **M.D.**