



**South Carolina Basketball 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**

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

Yes	No

**Family History**

1. Diabetes
2. Hypertension
3. Early Death
4. Hypercholesterolemic

Yes	No

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.** \_\_\_\_\_