



MID-EASTERN ATHLETIC CONFERENCE OFFICIATING PHYSICAL FORM (FB)

SOCIAL SECURITY NUMBER _____ - _____ - _____

LAST NAME _____ **FIRST NAME** _____ **MIDDLE INITIAL** _____

Current Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Cellular Phone (_____) _____ - _____ Pager (_____) _____ - _____

PAST MEDICAL HISTORY

Check one:

YES

NO

- A. Diabetes _____
- B. Epilepsy _____
- C. Heart Disease _____
- D. Chest Pain _____
- E. Hypertension _____
- F. Fainting Spells _____
- G. Cigarette Smoker _____
- H. Recent Illness or Injury _____
- I. Recent Hospitalization (Last 6 Months) _____

PHYSICAL EXAMINATION

A. Eyes

Right _____ Left _____

Does the official wear glasses/contacted lens? _____

Are glasses/contact lens recommended for officiating? _____

B. Cardiovascular

Blood Pressure

S _____ D _____

Heart Sound? Regular _____

Murmurs _____

C. Musculoskeletal

Height _____

Weight _____

Frame (Check one):

Light _____

Medium _____

Heavy _____

Is the official considered overweight? _____

D. Hearing (Check one):

Superior _____

Excellent _____

Good _____

Not Good _____

E. Reaction Time (Check One):

Superior _____

Excellent _____

Good _____

Not Good _____

Does Examinee meet the strenuous physical requirements for:

Football Officiating _____

Basketball Officiating _____

Baseball Officiating _____

I certify that _____ is in excellent/favorable/not favorable condition to serve

Name of Official

Circle One

as an official/umpire for the Mid-Eastern Athletic Conference (MEAC) for the sport of

Football/Basketball/Baseball.

Circle One

Physician Signature

Date

For verification of visit/physical, place your business stamp in box below.