



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

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

Name _____ Date of Birth _____ District _____

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

Table with 2 columns: Yes, No. Rows correspond to medical history items.

Family History

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

Table with 2 columns: Yes, No. Rows correspond to family history items.

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 _____

*****Detach Here and submit to District Director*****

To the Physician: Officiating is exacting work and involves considerable physical and emotional strain. Officials are subjected to considerable amounts of physical exertion to include sprinting short distances and standing for long periods of time (average of 2 hours per game).

Name _____ District _____
MEETS PHYSICAL REQUIREMENTS FOR A FOOTBALL OFFICIAL? Yes _____ No _____

Date _____ Signed _____ MD / PA
Printed or Typed Name of MD / PA _____