

## D3 SUPER CAMP PHYSICAL EXAMINATION FOR BASKETBALL OFFICIALS

1. **Name of Examinee** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

2. **Past Medical History**

	Yes	No
A. Diabetes		
B. Epilepsy		
C. Heart Disease		
D. Chest Pains		
E. Dyspnea		
F. Claudication		
G. Palpitations		
H. Hypertension		
I. Fainting Spells		
J. Cigarette Smoker		
K. Currently on medication		
L. Recent Illness		
M. Recent Hospitalization _____ (Last 2 years)		

If answer is yes to questions A through R list details below. For item J, list the number of packs of cigarettes smoked per day.

3. **Family History**

A. Diabetes		
B. Hypertension		
C. Early Death		
D. Hypersholesterolemic		

4. **Physical Examination**

	Uncorrected	Corrected
<b>A. Eyes</b>	R _____ L _____	R _____ L _____
	Are glasses recommended for officiating: (If yes, unbreakable lenses are required)	Yes _____ No _____

**B. Cardiovascular**

1. Blood Pressure    S \_\_\_\_\_                      D \_\_\_\_\_

2. Heart Sounds

Regular	Yes _____	No _____
Murmurs	Yes _____	No _____

**TO ALL CAMPERS: IF YOU CHOOSE TO ATTEND CAMP WITHOUT A MEDICAL FORM SIGNED BY YOUR PHYSICIAN, YOU MUST SIGN THE WAIVER BELOW REGISTRATION FOR CAMP ON JUNE 1, 2011**

**D3 SUPER CAMP**  
**PHYSICAL EXAMINATION FOR BASKETBALL OFFICIALS**

**B. Cardiovascular (Continued)**

3. Pulse rate \_\_\_\_\_  
Resting \_\_\_\_\_  
Immediately after exercise \* \_\_\_\_\_  
Two minutes after exercise \_\_\_\_\_
4. Dorsalis Pedis Pulse \_\_\_\_\_

\* Exercise in place for 2 minutes 60-70 steps with each foot per minute

**C. Abdomen**

- |                 |           |          |
|-----------------|-----------|----------|
| 1. Hepatomegaly | Yes _____ | No _____ |
| 2. Splenomegaly | Yes _____ | No _____ |
| 3. Masses       | Yes _____ | No _____ |

**D. Musculoskeletal**

1. Height \_\_\_\_\_
2. Weight \_\_\_\_\_
3. Overweight for body build? Yes \_\_\_\_\_ No \_\_\_\_\_

**E. Urinalysis**

- Sugar Yes \_\_\_\_\_ No \_\_\_\_\_
- Protein Yes \_\_\_\_\_ No \_\_\_\_\_

Does the examinee meet the strenuous physical requirements for a basketball official? Yes \_\_\_ NO \_\_\_  
(If the answer is no, please give reasons on a separate report.)

Physician \_\_\_\_\_, M.D.  
(signature)

Address \_\_\_\_\_ Date \_\_\_\_\_

**To Examining Physician:** If in addition to the above data, you have any facts or impressions which you think should be made known, please record them in a separate letter. You may do this with full assurance that such information will be treated as confidential. Please realize that basketball officiating is exacting work involving considerable physical and nervous strain.

**TO ALL CAMPERS: IF YOU CHOOSE TO ATTEND CAMP WITHOUT A MEDICAL FORM SIGNED BY YOUR PHYSICIAN, YOU MUST SIGN THE WAIVER BELOW REGISTRATION FOR CAMP ON JUNE 1, 2011**