

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION
PHYSICAL EXAMINATION FOR OFFICIALS – Recommended Yearly

(To Be Completed by Official BEFORE Examination - Please Type or Print)

Name _____ Reg. # _____ Local Board _____
(Last) (First) (M)

Home Address _____ Telephone _____

Business Address _____ Telephone _____

Birth Date _____ SS # _____ Occupation _____
(Must be 18 to register)

Have you had in the last 2 years

- Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures ...)
- Yes No 2. Any hospitalizations?
- Yes No 3. Any surgery (Except tonsils)?
- Yes No 4. Any injuries that prohibited your participation in sports?
- Yes No 5. Dizziness or frequent headaches?
- Yes No 6. Concussion/knocked out?
- Yes No 7. Knee, ankle, or neck injuries?
- Yes No 8. Broken bone or dislocation?
- Yes No 9. Heat exhaustion/sun stroke?
- Yes No 10. Fainting or passing out?

Do you:

- Yes No 11. Have any allergies?
- Yes No 12. Have any problems with heart/blood pressure.
- Yes No 13. Has anyone in your family ever fainted during exercise?
- Yes No 14. Take any medicine? List _____
- Yes No 15. Wear glasses ____, contact lenses ____, dental appliances__?
- Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?
- Yes No 17. Has it been longer than 10 years since your last tetanus shot?
- Yes No 18. Have you ever been told not to participate in any sport?
- Yes No 19. Do you know of any reason you should not participate in sports?
- Yes No 20. Have a sudden death history in your family?
- Yes No 21. Have a family history of heart attack before age 50?
- Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?

PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF OFFICIAL _____ DATE ____/____/____

PHYSICAL EXAM

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Visual acuity: Uncorrected ____/____; Corrected ____/____; Pupils equal diameter: Y N

HEENT - acceptable	Y	N	Cardiovascular:			Abdomen:		
Carotid Bruits	Y	N	Murmur	Y	N	Masses	Y	N
Respiratory:			Irregularities	Y	N	Organomegaly	Y	N
Symmetrical breath sounds	Y	N	Murmur with Valsalva	Y	N	Genitourinary (males only)		
Wheezes	Y	N	Musculoskeletal (Note any abnormalities)	Y	N	Inguinal hernia	Y	N
			Peripheral pulses equal	Y	N			

RECOMMENDATION _____ LIMITED APPROVAL FOR SPECIFIC SPORT (list) _____

Physician Signature _____ Date _____

(Signature of anyone other than licensed MD is not acceptable. Signature stamp is unacceptable.)