

**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 \_\_\_\_\_

MD / DO / DC / ARNP / PA-C