



# D3 Super Camp Medical Form

I. Name of Examinee \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City State Zip Code

II. Past Medical History Yes No Details  
 (If answer is "yes" to questions a through r, list details)

a. Diabetes	___	___	_____
b. Epilepsy	___	___	_____
c. Heart Disease	___	___	_____
d. Chest Pain	___	___	_____
e. Claudication	___	___	_____
f. Palpitations	___	___	_____
g. Dyspnea	___	___	_____
h. Hypertension	___	___	_____
i. Fainting Spells	___	___	_____
j. Cigarette Smoker	___	___	No. of packs per day _____
k. Currently on Medication	___	___	_____
l. Recent Illness	___	___	_____
m. Previous Hospitalization	___	___	_____
n. Weight at age 22 (graduation from college)	___	___	_____

III. Family History

o. Diabetes	___	___
p. Hypertension	___	___
q. Early Death	___	___
r. Hypercholesterolemic	___	___

IV. List medications now taking and why  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

V. Physical Examination

A. EYES                      Uncorrected                      Corrected

   R \_\_\_\_\_ L \_\_\_\_\_                      R \_\_\_\_\_ L \_\_\_\_\_

Are glasses recommended for officiating?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, unbreakable lenses are required

B. CARDIOVASCULAR

1. Blood Pressure S \_\_\_\_\_ D \_\_\_\_\_
2. Heart Sounds
- Regular Yes \_\_\_\_\_ No \_\_\_\_\_
- Murmurs Yes \_\_\_\_\_ No \_\_\_\_\_
3. Pulse Rate
- Resting \_\_\_\_\_
- \*Immediately after exercise \_\_\_\_\_
- 2 minutes after exercise \_\_\_\_\_
4. Dorsalis Pedis Pulse \_\_\_\_\_

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? \_\_\_\_\_

E. URINALYSIS

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

Does examinee meet physical requirements for officiating collegiate basketball?

Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is negative, give reasons on a separate report.

Place \_\_\_\_\_ Signature \_\_\_\_\_ M.D.

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

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 sports officiating is exacting work, involving considerable physical and nervous strain.