

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	_____	_____	If answer is yes to questions A through R, list details below. For item J, list the number of packs of cigarette smoked per day.
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 two years)			
N. Weight at 22 (graduation from college) _____ lb.			

3. **Family History**

A. Diabetes	_____	_____
B. Hypertension	_____	_____
C. Early Death	_____	_____
D. Hypercholesterolemic	_____	_____

4. **Physical Examination**

	Uncorrected		Corrected	
A. Eyes	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 _____

B. Cardiovascular (Continued)

- 3. Pulse rate _____
- Resting _____
- Immediately after exercise * _____
- Two minutes after exercise _____

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

- 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? Yes _____ No _____

E. Urinalysis

- Sugar Yes _____ No _____
- Protein Yes _____ No _____

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

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 before registration for camp on Tuesday, June 1, 2010.

MEDICAL FORM WAIVER:

I, _____, am in good health to participate in the D3 Super Camp and do hereby release D-III Super Camp and staff; Wayne Samford, Director; Gregg Bennett, Co-Director, and Dennis Ashcraft, Assistant Director and University of Richmond from any fault, obligation, or penalty resulting from any medical injury, infirmity, or disability as a result of my participation in this basketball camp.

Please PRINT Name _____

Signature _____ Date _____