

PHYSICAL EXAMINATION FOR FIBA/USA BASKETBALL REFEREES

Name of Examinee: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

- | | | | |
|----|---|-----|-----|
| 1. | <u>Past Medical History</u> | Yes | No |
| | A. Diabetes | ___ | ___ |
| | B. Epilepsy | ___ | ___ |
| | C. Heart Disease | ___ | ___ |
| | D. Chest Pain | ___ | ___ |
| | E. Dyspnea | ___ | ___ |
| | F. Claudication | ___ | ___ |
| | G. Palpitation | ___ | ___ |
| | H. Hypertension | ___ | ___ |
| | I. Fainting Spells | ___ | ___ |
| | J. Cigarette Smoker | ___ | ___ |
| | K. Currently on Medication | ___ | ___ |
| | L. Recent Illness | ___ | ___ |
| | M. Recent Hospitalization
(Within the last two years.) | ___ | ___ |

Weight at 22 (graduation from college) _____ lbs.

- | | | | |
|----|-------------------------|-----|-----|
| 2. | <u>Family History</u> | Yes | No |
| | N. Diabetes | ___ | ___ |
| | O. Hypertension | ___ | ___ |
| | P. Early Death | ___ | ___ |
| | Q. Hypercholesterolemia | ___ | ___ |

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

- | | | | |
|----|-----------------------------------|--|----------------------------|
| 3. | <u>Physical Examination</u> | | |
| | A. Eyes | Uncorrected: R _____ L _____ | Corrected: 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* _____ | | |
| | Two minutes after exercise _____ | | |
| | 4. Dorsalis Pedis Pulse _____ | | |

* Exercise: Run in place for two 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

- | | | | |
|----|---------|---------|--------|
| 1. | Sugar | Yes ___ | No ___ |
| 2. | Protein | Yes ___ | No ___ |

Does examinee meet the physical requirements for employment as a basketball official? If answer is negative, please give reasons on a separate report.

Yes ___ No ___

Date: _____

Physicians Signature: _____

Physicians name and address (type or print):

To examining physician:

If in addition to the above data, you have any facts or impressions that 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.