



Medical Examination Form

To Whom it May Concern:

Official's Name (Print or Type) _____ Address _____

Chapter and State _____ City, State, Zip _____

This certifies that I have conducted a thorough medical examination on the above named patient on the date indicated below with full knowledge of the activities this individual may undergo.

In my professional opinion, said patient is physically capable of handling the rigors required for employment as a college soccer official and that said patient is physically capable of participating in the performance event described below which I understand will be conducted in numerical order on the same day, with time intervals between each test not to exceed ten (10) minutes.

<u>Event #1</u>	<u>Event #2</u>	<u>Event #3</u>	<u>Event #4</u>
<i>Aerobic</i>	<i>Pro-40</i>	<i>AR Run</i>	<i>Shuttle</i>
12 minutes	40 meter	50 meter	7 x30 meter

NISOA Performance Objectives: 2000 – 3200 m. 18.0 – 26.9 sec. 10.8 – 14.0 sec. 38.0 – 49.9 sec.

Comments/Notes:

Signature of Attending Qualified Medical Examiner

Qualified Medical Examiner's Name (Print or type)

Date

Address

City, State, ZIP