

OFFICIATING PHYSICAL FORM

SOCIAL SECURITY NUMBER _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

Current Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Pager _____

PAST MEDICAL HISTORY

Check One:	YES	NO
A. Diabetes	_____	_____
B. Epilepsy	_____	_____
C. Heart Disease	_____	_____
D. Chest Pain	_____	_____
E. Hypertension	_____	_____
F. Fainting Spells	_____	_____
G. Cigarette Smoker	_____	_____
H. Recent Illness or Injury	_____	_____
I. Recent Hospitalization (Last 6 Months)	_____	_____

PHYSICAL EXAMINATION

- A. Eyes
 - Right _____ Left _____
 - Does the official wear glasses/contact lens? _____
 - Are glasses/contact lens recommended for officiating? _____

- B. Cardiovascular
 - Blood Pressure
 - S _____ D _____

Heart Sound? Regular

Murmurs _____

C. Musculoskeletal

Height _____

Weight _____

Frame (Check one):

Light _____

Medium _____

Heavy _____

Is the official considered overweight? _____

D. Hearing (Check one):

Superior _____

Excellent _____

Good _____

Not Good _____

E. Reaction Time (Check one):

Superior _____

Excellent _____

Good _____

Not Good _____

Does Examinee meet the strenuous physical requirements for Baseball Officiating? _____

I certify that _____ is in excellent/favorable/not
(Name of Official)

favorable condition to serve as an official/umpire for the
for the sport of Baseball.

(Physician Signature)

(Date)

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