PHYSICAL EXAMINATION FORM

This form is used to help determine your physical abilities in officiating basketball games assigned by the Dallas Basketball Officials Association. This form must be completed in its entirety by a licensed physician.

PLEASE PRINT CLEARLY

Chapter Name: Dallas Basketball Officials Association UIL ID Number: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Name: _____

Mailing Address: _____

City: _____ State: TX Zip Code: _____

E-mail: _____

Home Number: (_____)_____

Based on a physical examination which I personally conducted, I hereby certify that the above named individual is able to perform functions necessary to officiate interscholastic sports with or without reasonable accommodations.

_____ _____ _____

Printed Name *Signature* *Date*

_____

Office Address *City, Zip Code*

_____

Phone Number

Please provide remarks regarding limitations or impairments:

_____

_____

_____

Last updated: 3-10-10, SDP