



## 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<br/>Mobility</i> | <i>Brasilian<br/>ARAgility</i> | <i>Shuttle</i>  |                  |
| 12 minutes                               | 40 meter                   | 50 meter                       | 7 X 60 meter    |                  |
| <b>NISOA Performance<br/>Objectives:</b> | 2000 – 3200 m.             | 18.0 – 27.0 sec.               | 8.5 – 11.0 sec. | 38.0 – 50.0 sec. |

Comments/Notes:

\_\_\_\_\_  
Signature of Attending Qualified Medical Examiner

\_\_\_\_\_  
Qualified Medical Examiner's Name (Print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

[NOTE: This form must be used to become part of the New Applicant Package.]

[NOTE: Complete and present to your fitness test recorder at the clinic you have chosen.]