

# NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION

## PHYSICIAN'S 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 Endurance</i>	<i>Sprint</i>	<i>Agility</i>	<i>Anaerobic Endurance</i>
12 minutes	40 meter	50 meter	3 X 60 meter
<b>NISOA Performance Objectives:</b>			
2300 - 2800	8.0 - 9.4 sec.	7.2 - 8.4 sec.	28-37 sec.

Signature of Attending Physician	Physician's Name (Print or type)
Date	Address
	City, State, ZIP

*[NOTE: Complete and present at the clinic of your choice.]*