

National Intercollegiate Soccer Officials Association

Physician's Medical Examination Form

To Whom it May Concern:

Official's Name (print or type)

Address

Chapter & State

City,State, Zip

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

In my professional opinion, said individual is physically capable of handling the rigors required for employment as a college soccer official and that said individual is physically capable of participating in the performance of the events 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>Sprint</i>	<i>Agility</i>	<i>Anaerobic</i>
<i>Endurance</i>			<i>Endurance</i>
12 minutes	40 meter	50 meter	3 x 60 meter

NISOA Performance

Objectives:

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_____

