

Chapter Affiliation: \_\_\_\_\_



## TEXAS ASSOCIATION OF SPORTS OFFICIALS PHYSICAL EXAMINATION FORM

Date: \_\_\_\_\_

Baseball \_\_\_\_\_ Basketball \_\_\_\_\_ Football \_\_\_\_\_ Soccer \_\_\_\_\_ Softball \_\_\_\_\_ Volleyball \_\_\_\_\_

LAST NAME	FIRST NAME	MI	HOME PHONE	BUSINESS PHONE
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MAILING ADDRESS	CITY	STATE	ZIP CODE + 4
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HOME ADDRESS (if different from above)	CITY	STATE	ZIP CODE + 4
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\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

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.

Physician \_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

Office Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Office Phone \_\_\_\_\_

Remarks (Regarding reasonable accommodations):