

**NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION****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 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.

<b><u>Event #1</u></b>	<b><u>Event #2</u></b>	<b><u>Event #3</u></b>	<b><u>Event #4</u></b>
Aerobic	Pro-40	Brasilian	Shuttle
	Mobility	AR Agility	3 X 60 meter
12 minutes	40 meter	\$50 meter	

**NISOA Performance**

**Objectives:**            1850-3200 m.      18.0-27.0 sec.      8.5-12.0 sec.      39.0-50.0 sec.

**Comments/Notes:**\_\_\_\_\_  
Signature of Attending Qualified Medical Examiner\_\_\_\_\_  
Qualified Medical Examiners Name (Print or Type)\_\_\_\_\_  
Date\_\_\_\_\_  
Address\_\_\_\_\_  
City, State, Zip