

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

MAILING ADDRESS CITY STATE ZIP CODE + 4

HOME ADDRESS (if different from above) CITY STATE ZIP CODE + 4

SOCIAL SECURITY NUMBER DATE OF BIRTH PREVIOUS NO. OF YEARS OFFICIATING EXPERIENCE

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)