NEVADA STATE ATHLETIC COMMISSION
3300 W. SAHARA AVENUE, SUITE 450
LAS VEGAS, NV 89102-3200
TELEPHONE (702) 486-2575 * FACSIMILE (702) 486-2577**

REFEREE PHYSICAL EXAMINATION REPORT

_____/_____/_____
Name (Telephone) Date of Birth

_____
Address (street) (city) (state) (zip code)

PHYSICAL HISTORY: Has applicant ever had any of the following conditions:

☐ Fainting spells ☐ Rupture (hernia) ☐ Chest pains ☐ Operations
☐ Shortness of breath ☐ Swollen joints ☐ Rheumatism ☐ Diabetes
☐ Frequent headaches ☐ Convulsions (fits) ☐ Chronic cough ☐ Bleeding Disorder
☐ Spitting of blood ☐ Cerebral hemorrhage or any other serious head injury

If yes, explain _____

EXAMINATION

General appearance _____ Height _____ Weight _____ Temperature _____
Disabling scars _____Mouth _____ Teeth _____ Tonsils _____ Neck _____
Pulse at rest _____ Blood pressure at rest _____
Pulse after 100 hops_____ Blood pressure after 100 hops _____
Pulse 2 minutes later_____ Blood pressure 2 minutes later _____
Enlarged glands: ☐ Yes ☐ No Goiter: ☐ Yes ☐ No

Heart:	Pulse rhythm	☐ Regular	☐ Irregular	Apical impulse	☐ Heavy	☐ Normal
	Enlargement	☐ Yes	☐ No	Murmurs ☐ Yes	☐ No	
Lungs:	Rales	☐ Yes	☐ No	Ears_____	Nose_____	
Abdomen:	Enlargement of liver		☐ Yes ☐ No	Enlargement of Spleen	☐ Yes	☐ No
Genitalia:	Discharge _____ Yes_____No_____			Varicocele _____ Yes _____ No_____		
	Hernia	☐ Yes	☐ No	Femoral ☐	Inguinal ☐	Ventral ☐
Testicles:	Normal	☐ Yes	☐ No	Remarks:_____		
Reflexes:	Pupils _____ Knee jerks _____ Romberg _____ Babinski_____					
Skin:	Rash _____ Boils _____ Any other unhealed wounds:_____					

REMARKS: _____

_____

YOU MUST GO TO AN OPHTHALMOLOGIST OR AN OPTOMETRIST FOR AN EYE EXAMINATION

EXAMINING (MD or DO) PHYSICIAN: THE FOLLOWING SECTION MUST BE COMPLETED.
I have examined the above named subject and find him in:
_____satisfactory _____unsatisfactory
condition to be licensed as a professional REFEREE.

_____
LICENSED PHYSICIAN'S NAME AND LICENSE NUMBER (please print) PHYSICIAN'S SIGNATURE Telephone Number

_____
STREET ADDRESS City State Zip DATE

I declare under penalty of perjury under, that the foregoing information is true & correct; further I realize that any intentional misrepresentation may result in disciplinary action.

_____
SIGNATURE OF APPLICANT DATE