



BC Athletic Commissioner - PROFESSIONAL -



PHYSICAL EXAMINATION FORM FOR PROFESSIONAL REFEREES ONLY

→ To be completed by a Licensed Physician ←

A. APPLICANT INFORMATION

Name:	Surname	First Name	Middle Name
Address:	Street		City
	Prov/State	Country	Postal Code/ZIP
Telephone number:	Home (xxx-xxx-xxxx)	Other (xxx-xxx-xxxx)	
Medical insurance #:	Date of birth: (yyyy-mm-dd)	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height:	(feet/inches)	Weight:	(lbs)
General appearance:			
BP (sitting):		BP (supine):	
Pulse (beats/min):		<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular

NOTE TO PHYSICIAN: Officiating can be a strenuous activity. Please keep this in mind when examining this individual.

I hereby certify that I have examined _____ on this date _____
(print applicant's full legal name) (yyyy-mm-dd)

MUST CHECK ONE:

- There are **no** abnormalities in his or her physical examination that contraindicate refereeing combat sports at this time.
- There **are** abnormalities in his or her physical examination that contraindicate refereeing combat sports at this time.

Recommendations: _____

Name of Physician: _____

Name of Professional Governing Body: _____ Registration #: _____

Office Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Physician Signature: _____

Your personal information is being collected by Commissioner or his or her delegate under sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*, for the purpose of processing licensing applications under the *Athletic Commissioner Act*. For questions regarding the collection of personal information please contact the Office of the BC Athletic Commissioner at 250-952-6735 (in Victoria) or 1-888-952-6760 (toll-free).