



**39 Old Ridgebury Road  
Danbury, CT 06810  
[bward@ecac.org](mailto:bward@ecac.org)**

**2015-Football-Official  
Physical Certification**

**Official's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Based upon a physical examination, which I have personally conducted, I hereby certify the above named individual is physically qualified to officiate college football.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2015

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**Physician's Signature and Stamp**

**Please either fax or mail a hard copy of this form to:**

**Bill Ward  
Field Director of Football Officials  
95 Hollywood Street  
Fitchburg, MA 01420  
Fax: 941-827-9033**