

# AMERICAN FOOTBALL OFFICIALS ASSOCIATION

## 2017 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 \_\_\_\_\_ of \_\_\_\_\_, 2017

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Physician's Signature or Stamp

Please scan and attach to an e-mail or mail hard copy of this form to:

Bill Ward

AFOA Coordinator of Football Officials

95 Hollywood St.

Fitchburg, MA 01420

wizardmcc@aol.com