



**CERTIFICATION OF FITNESS FOR FOOTBALL OFFICIALS**

**Name of Official:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_

I, the undersigned Examining Physician, do hereby certify that I examined \_\_\_\_\_ on \_\_\_\_\_, 2019. Based on that examination, I hereby certify that he/she is in good physical health, and is free from any physical limitations or restrictions which would interfere with and/or limit his/her ability to perform the duties of a college football official, having been informed that performing such duties requires considerable physical exertion over several hours.

**EXAMINING PHYSICIAN**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

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

\_\_\_\_\_  
**Date**