

Community College Football Officials Association
"The **ORGANIZATION**"

Summary of Physical Health

NAME: _____

ADDRESS: _____

Based upon a physical examination, which I have reviewed, I hereby certify that the above-named individual is physically capable to participate on field as a football official during the **2019** Community College football season.

Signature: _____ M. D.

PLEASE PRINT DOCTOR'S NAME _____

DATED AS OF _____

This must be returned by **July 28, 2019**.

Mail To:
David Curschman
2004 E Harold Dr
Visalia, CA 93292