



## Physical Certification for Basketball Official

(This form must be submitted with Membership Application)

**PRINT** Full Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Office Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Based upon a physical examination I personally conducted, I hereby certify that the above named person is physically and mentally qualified to officiate collegiate basketball.

Physician's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Physician's Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_