

Schedule C

**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 \_\_\_\_\_, 2026. Based on that examination, I hereby certify that Official is in good physical health, and is free from any physical limitations or restrictions which would interfere with and/or limit Official's 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

\_\_\_\_\_  
Street Address / Apartment # / Unit #

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

\_\_\_\_\_  
Date