

MHSAA PHYSICAL EXAMINATION FORM

PLEASE NOTE: MHSAA requires any person officiating games to have a current physician's certificate on file with the local assigner indicating that the official is in good physical health and physically qualified to officiate games. The undersigned official, at his or her discretion, selects the certifying physician. MHSAA assumes no responsibility whatsoever for the selection of the physician and/or the accuracy or thoroughness of the physical examination procured by the official.

Officials injured prior to fulfilling an assignment, must disclose this information to the Assigning Secretary. Failure to do so may result in the loss of future assignments. Additionally, you agree to abide by the medical instruction or advice of any licensed physician representing an institution during the conduct of a game, including advice that you discontinue officiating in the opinion of the physician on site.

NAME OF OFFICIAL: _____

Physician:

I hereby certify that I have conducted a physical examination on the above-named person and in my professional opinion; this person is in good physical health and physically qualified to officiate MHSAA games.

Dated this ____ day of _____, 20____.

Physician's Name

Physician's Address

Official's Signature _____