



# Sacramento Association of Collegiate Officials

## 2019 -2020 Physical Report

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Based upon a physical examination which I personally conducted, I hereby certify that the above named individual is physically qualified to officiate collegiate basketball during the upcoming season.

Date \_\_\_\_\_ Physican Signature \_\_\_\_\_ M.D.

PRINT DOCTOR'S NAME \_\_\_\_\_

DOCTOR'S STAMP

Please Scan and Email form back no later than **October 15, 2019** to:

Wendy Dailey  
Supervisor of Officials/SACO  
[wendy@sacorefs.net](mailto:wendy@sacorefs.net)  
831-905-2741