



**Big 12 Conference  
Baseball Umpire  
Physical Examination Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Hm) \_\_\_\_\_  
(WK) \_\_\_\_\_

Email \_\_\_\_\_

Based upon a physical examination which I personally conducted, I hereby certify that the individual named above is physically qualified to umpire collegiate baseball and perform the physical activities required to umpire a Big 12 Conference college baseball game.

Date \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Print Physician Name

Office Address \_\_\_\_\_

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

Office Phone Number \_\_\_\_\_

*Remarks:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail to: Rich Fetchiet, Coordinator of Umpires, 4083 Lake Forest Drive East, Ann Arbor, MI 48108  
EXAMINATION FORM MUST BE RETURNED BY UMPIRE PRIOR TO FIRST CONFERENCE  
SERIES