

# Kadena AB Youth Sports & Fitness

## Physical Examination/Screening/Medical History Form

*AFMAN 34-804 Each child must have a yearly physical examination to participate in youth sports.*

(To be completed by parent/sponsor)

Youth's Name:	Date of Birth:	Date of Last Physical:
Sponsor's Name:	Rank/Unit/Deros:	
Address:	Home Phone:	Work Phone:
	EMAIL:	

### Emergency Contact

Name:	Relationship:
Home Phone:	Duty Phone:

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

(To be completed by physician)

	YES	NO
There are no medical problems for the youth named above that would prevent safe participation in a Youth Sports & Fitness event. He/She is medically qualified to participate in the Kadena Youth Sports & Fitness Program	<input type="checkbox"/>	<input type="checkbox"/>
Is vision correction required for participation?      Glasses/ Contacts	<input type="checkbox"/>	<input type="checkbox"/>
Are there health problems that should be evaluated or treated before participation in a recreational sports league or fitness activity?	<input type="checkbox"/>	<input type="checkbox"/>
Are there medical problems/chronic (on-going) health problems that may affect participation? (e.g., Asthma) If YES, please provide detailed information about the specific health issue(s) and the effect on the athlete:  _____	<input type="checkbox"/>	<input type="checkbox"/>

**IAW AFMAN 34-804 Coaches must be alert to children who have chronic (on-going) health problems.**

Date:	Printed Physician's Name	Signature of Examining Physician:
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