

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.

Youth's Name:		DOB:	Date o	of last physical:				
Sponsor's Nam	e:	Rank/Unit,	it/Deros:					
Address:		Home Phone:		Work Phone:				
		Email:						
		Emerg	ency Contact					
Name:		Relations	ship:					
Home Phone:			Duty Pho	Duty Phone:				
Parent Signature	2		– ——Date					
Parent Signature			– ———Date		Yes	— No		
To be completed by There are no med	ohysician) ical problems for the you		that would prev		Yes	No		
To be completed by There are no med participation in a	physician) ical problems for the you Youth Sports & Fitness e	vent. He/She is m	that would prev		Yes	No		
o be completed by There are no med participation in a the Kadena Youth	ohysician) ical problems for the you Youth Sports & Fitness e Sports & Fitness Progral	vent. He/She is mo m	that would prevedically qualified		Yes	No		
To be completed by there are no med participation in a the Kadena Youth Is vision correctio	ohysician) ical problems for the you Youth Sports & Fitness e Sports & Fitness Program n required for participati	vent. He/She is mo m ion? Glasses/Cont	that would prevedically qualified	d to participate in	Yes	No		
To be completed by there are no med participation in a the Kadena Youth is vision correction.	ohysician) ical problems for the you Youth Sports & Fitness e Sports & Fitness Progral	vent. He/She is mo m ion? Glasses/Cont evaluated or treat	that would prevedically qualified	d to participate in	Yes	No		
To be completed by participation in a the Kadena Youth Is vision correction Are there health precreational sport	ohysician) ical problems for the you Youth Sports & Fitness e Sports & Fitness Program In required for participation	vent. He/She is mo m ion? Glasses/Cont evaluated or treat ty?	that would preved in the control of	I to participate in ipation in a	Yes	No		
To be completed by the There are no med participation in a the Kadena Youth Is vision correction Are there health precreational sport Are there medical (e.g., Asthma)	ohysician) ical problems for the you Youth Sports & Fitness e Sports & Fitness Prograi n required for participati problems that should be s league or fitness activi problems/chronic (on-g	vent. He/She is mo m ion? Glasses/Cont evaluated or treat ty? oing) health probl	that would preved in the control of	ipation in a	Yes	No		
To be completed by the There are no med participation in a the Kadena Youth Is vision correction Are there health precreational sport Are there medical (e.g., Asthma) If YES, please proving the second sport of the there was a sport of the there medical (e.g., Asthma)	ohysician) ical problems for the you Youth Sports & Fitness e Sports & Fitness Prograt In required for participati In roblems that should be Is league or fitness activi	vent. He/She is mo m ion? Glasses/Cont evaluated or treat ty? oing) health probl	that would preved in the control of	ipation in a	Yes	No		
To be completed by the There are no med participation in a the Kadena Youth Is vision correction Are there health precreational sport Are there medical (e.g., Asthma) If YES, please proving the second sport of the there was a sport of the there medical (e.g., Asthma)	ohysician) ical problems for the you Youth Sports & Fitness e Sports & Fitness Program required for participation oroblems that should be s league or fitness activition problems/chronic (on-go) vide detailed information	vent. He/She is monion? Glasses/Context evaluated or treatity? oing) health problem about the specification.	that would prevedically qualified acts acts and before particed before particed before considered acts and the constant is the constant acts and the constant acts and the constant acts and the constant acts acts and the constant acts acts acts acts acts acts acts act	ipation in a fect participation? and the effect on		No		
To be completed by There are no med participation in a the Kadena Youth Is vision correction Are there health precreational sport Are there medical (e.g., Asthma)	ohysician) ical problems for the you Youth Sports & Fitness e Sports & Fitness Prograi n required for participati problems that should be s league or fitness activi problems/chronic (on-g	vent. He/She is monion? Glasses/Context evaluated or treatity? oing) health problem about the specification.	that would prevedically qualified acts acts and before particed before particed before considered acts and the constant is the constant acts and the constant acts and the constant acts and the constant acts acts and the constant acts acts acts acts acts acts acts act	ipation in a fect participation? and the effect on		No		
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To be completed by There are no med participation in a the Kadena Youth Is vision correction Are there health precreational sport Are there medical (e.g., Asthma) If YES, please provine athlete:	ohysician) ical problems for the you Youth Sports & Fitness e Sports & Fitness Program required for participation broblems that should be s league or fitness activity problems/chronic (on-go) ride detailed information IAW AF-MAN 34-804 Coach	vent. He/She is monomone. Glasses/Contevaluated or treatity? oing) health problem about the specification.	that would prevedically qualified acts acts and before particed before particed before considered acts and the constant is the constant acts and the constant acts and the constant acts and the constant acts acts and the constant acts acts acts acts acts acts acts act	ipation in a fect participation? and the effect on e chronic (on-going) healt	h problems.	No		



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Sponsor's Name:	Rank/Unit	Rank/Unit/Deros:					
Address:	Home Pho	ne:	Work Phone:	Work Phone:			
	Email:						
	<u>Emerg</u>	ency Contac	<u> </u>				
Name:		Relationship:					
Home Phone:		Duty Phone:					
Parent Signature	 Date						
To be completed by physician)				Yes	No		
上記の児童はユーススポーツ& ためである。 彼・彼が				Yes	No		
上記の児童はユーススポーツ& ため問題はありません。 彼・彼が ムに参加する資格があります。 参加するために視力矯正は必要で レクリエーション・スポーツ・リ	女は医学的にカデナユースン ですか? 眼鏡またはコンク リーグやフィットネス活動!	マポーツ&フィ	ットネスプログラ	Yes	No		
上記の児童はユーススポーツ& で 的問題はありません。 彼・彼ち ムに参加する資格があります。 参加するために視力矯正は必要で レクリエーション・スポーツ・リ き・治療を受けるべき健康上の間 参加に影響を及ぼす可能性のある すか?(例:喘息)	女は医学的にカデナユースス ですか? 眼鏡またはコンタ リーグやフィットネス活動に 問題はありますか? 3 医学的問題/慢性的な(現	マポーツ&フィ マクトレンズ こ参加する前に 在抱えている)	ットネスプログラ 、診断されるべ 健康問題はありま	Yes	No		
To be completed by physician) 上記の児童はユーススポーツ&ス 的問題はありません。 彼・彼女 ムに参加する資格があります。 参加するために視力矯正は必要で レクリエーション・スポーツ・リ き・治療を受けるべき健康上の間 参加に影響を及ぼす可能性のある すか?(例:喘息) YES の場合、具体的な健康上の間 い。	女は医学的にカデナユースス ですか? 眼鏡またはコンタ リーグやフィットネス活動に 問題はありますか? 3 医学的問題/慢性的な(現	マポーツ&フィ マクトレンズ こ参加する前に 在抱えている) いて詳細な情報	ットネスプログラ 、診断されるべ 健康問題はありま を記入して下さ		No		