

**MISAWA YOUTH SPORTS PROGRAM**  
**Physical Examination/Screening/Medical History Form**  
*IAW AFMAN 34-804 Each child must have a yearly physical examination to participate in youth sports.*

*(To be completed by parent/sponsor)*

<b>Youth's Name:</b>	<b>Date of Birth:</b>	<b>Date of Last Physical:</b>
<b>Sponsor's Name:</b>	<b>Rank:</b>	
<b>Address:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>
	<b>EMAIL:</b>	

***Emergency Contact***

<b>Name:</b>	<b>Relationship:</b>
<b>Home Phone Number:</b>	<b>Duty Phone Number:</b>

\_\_\_\_\_

**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 league. He/she is medically qualified to participate in the Elmendorf Youth Sports 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?	<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"/>
<i>Coaches must be alert to children who have chronic (on-going) health problems.</i>		
<b>Date:</b>	<b>Printed Physician's Name:</b>	
		<b>Signature of Examining Physician:</b>