



YOUTH PROGRAMS

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:	DOB:	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 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		
Is vision correction required for participation? Glasses/Contacts		
Are there health problems that should be evaluated or treated before participation in a recreational sports league or fitness activity?		
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:		

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

Date:	Printed Physicians Name:	Signature of Examining Physician:
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 Parent Signature

 Date

(To be completed by physician)

Yes

No

	Yes	No
上記の児童はユーススポーツ&フィットネスのイベントへの安全な参加を妨げるような医学的問題はありません。彼・彼女は医学的にカデナユーススポーツ&フィットネスプログラ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すか？ 眼鏡またはコンタクトレンズ		
レクリエーション・スポーツ・リーグやフィットネス活動に参加する前に、診断されるべき・治療を受けるべき健康上の問題がありますか？		
参加に影響を及ぼす可能性のある医学的問題/慢性的な（現在抱えている）健康問題がありますか？（例：喘息） YESの場合、具体的な健康上の問題と、選手への影響について詳細な情報を記入して下さい。		

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Date:	Printed Physicians Name:	Signature of Examining Physician:
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