

OSAN 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)

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

Emergency Contact

Name:	Relationship:
Home Phone Number:	Duty Phone Number:

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.		
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?		
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: _____ _____ _____		
<i>Coaches must be alert to children who have chronic (on-going) health problems.</i>		
Date:	Printed Physician's Name:	Signature of Examining Physician: