



**YOUTH PROGRAMS**

**JBER YOUTH SPORTS PROGRAM**

**Physical Examination/Screening/Medical History Form**

*(IAW AF 34-144 - 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)*

		<b>YES</b>	<b>NO</b>
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>For health and safety of all participants coaches must be alert to children who have chronic health problems.</i>			
<b>Date:</b>	<b>Printed Physician's Name:</b>	<b>Signature of Examining Physician:</b>	

