



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)

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>For health and safety of all participants coaches must be alert to children who have chronic health problems.</i>			
Date:	Printed Physician's Name:	Signature of Examining Physician:	

