

SPORTS PHYSICAL FORM

Youth Name	Date of birth	Date of last Physical
Sponsor's Name	Rank	Unit
ADDRESS:	Home Phone:	Work:

EMERGENCY CONTACT: 1. NAME	Relationship	Duty Phone
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PARENTS SIGNATURE: _____ **DATE:** _____

To be completed by physician **YES** **NO**

There are no medical problems for the youth named above That would prevent safe a Youth Sports & Fitness event. He/She is medically qualified to participate in the Edwards 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? if yes, please provide detailed information about the specific health issue(s) and the effect on the athlete.		
Medical Remarks		

4		
Law AFMAN 34-804 Coaches must be alert to children who have chronic health problems.		
DATE:	Printed Physician's Name	SIGNATURE OF EXAMINING PHYSICIAN

Each youth must have a yearly physical examination to participate in youth sports.