

# 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:	Date of Birth:	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's Signature

\_\_\_\_\_  
Date

(医師による診断)

	YES	NO
上記の者は Youth Sports & Fitness のイベントに参加するのに健康上問題がある。		
眼鏡またはコンタクトレンズを使用していますか?      眼鏡/ コンタクトレンズ		
レクリエーション、スポーツ競技に参加するにあたり、検討または治療されるべき病がありますか?      (健康の面で問題がありますか?)		
持病がありますか?      (例: ぜんそく) その病 (症状) が競技中に影響があるのであれば記入してください。 _____ _____		

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

Date:	Printed Physician's Name	Signature of Examining Physician:
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## PRIVACY ACT STATEMENT

**AUTHORITY: 44 USC 3101. PRINCIPAL PURPOSES:** (1) To provide necessary information to authorized individuals to assist them in their administering of medications to your child in accordance with your instructions and the instructions of your child's physician; (2) To provide written assurance to said authorized individuals that they will not be held responsible for any harm or injury suffered as a result of the administering of medication in accordance with your instructions and the instructions of your child's physician. **ROUTINE USES:** This form will be included in your child's school health record and will not be released outside DOD channels. **DISCLOSURE:** Voluntary. The information requested on this form is needed to insure the safe administering of medication to your child. Failure to provide the information may constitute grounds for refusal to provide the service requested by you.

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Parent's Signature

\_\_\_\_\_  
Date

(To be completed by physician)

	YES	NO
There are no 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:  _____		

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