

# SPORTS PHYSICAL FORM

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

<b>EMERGENCY CONTACT:</b> <b>1. NAME</b>	<b>Relationship</b>	<b>Duty Phone</b>
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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		

<small>54</small> Law AFMAN 34-804 Coaches must be alert to children who have chronic health problems.		
<b>DATE:</b>	<b>Printed Physician's Name</b>	<b>SIGNATURE OF EXAMINING PHYSICIAN</b>

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