MOUNTAIN HOME AFB YOUTH SPORTS PROGRAM

Physical Examination/Screening/Medical History Form IAW AFMAN 34-804 Each child must have a yearly physical examination to participate in youth sports.

	ed by parent/sponsor)				
Youth's Name:		Date of Birth:	Date of Last Ph	ysical:	
Sponsor's Nam	0.0	Rank:			_
Sponsor's Ivam	e:	Kank:			
Address:		Home Phone:	Work Phone:		
		EMAIL:			
Emergency	v Contact				
Name:		Relationship:			
		Troit on Simp			
Home Phone N	umber:	Duty Phone Number:			
Parent's Signature Date					
(To be complete	d by physician)				
				YES	NO
There are no me	dical problems for the youth nan			YES	NO
There are no me participation in a	dical problems for the youth nan a youth sports league. He/she is	medically qualified to pa		YES	NO
There are no me participation in a the Mountain Ho	dical problems for the youth nan a youth sports league. He/she is ome AFB Youth Sports Program	medically qualified to pa	rticipate in	YES	NO
There are no me participation in a the Mountain Ho Is vision correct	dical problems for the youth nan a youth sports league. He/she is ome AFB Youth Sports Program ion required for participation?	medically qualified to pa Glasses/Contacts	rticipate in	YES	NO
There are no me participation in a the Mountain He Is vision correct Are there health	dical problems for the youth nan a youth sports league. He/she is ome AFB Youth Sports Program ion required for participation? problems that should be evaluat	medically qualified to pa Glasses/Contacts	rticipate in	YES	NO
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