

WHITEMAN AIR FORCE BASE SPORTS PHYSICAL

DATA REQUIRED BY THE PRIVACY ACT OF 1994

PRINCIPAL PURPOSE: Information is used by DA personnel to: (1) verify child health status of immunization per admission requirements; (2) note special program considerations or restriction on child participation; (3) execute emergency medical procedure for chronic illnesses/conditions; (4) refer child for enrollment in Exceptional Family Member Program; (5) certify physically fit to participate in sports. **ROUTINE USES:** No information is disclosed outside DOD. **DISCLOSURE:** Information is voluntary; however, if information is not provided, individuals may not be able to participate in community activities.

INSTRUCTIONS: Sports Physicals complete sections A, B & C.

PART A

Name of Sponsor	Home Telephone Cell Telephone	Duty/Work Telephone
Sponsor Unit / Work Address		Spouse's Work Telephone

CHILD HEALTH INFORMATION

Name of Child	Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Does your child have ongoing medical concerns? (If Yes, explain circumstances and current status) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your child enrolled in Exceptional Family Member Program? (If Yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Ongoing Medications

Name	Dosage	Frequency

Allergies – All Types (Foods, Medicines and Insect Bites)

Type	Reaction

PART B: SPORTS PHYSICAL

Medical Staff Assessment (Completed by licensed independent practitioner)

	NORMAL	ABNORMAL	N / A	COMMENTS
1. Eyes				
2. Ears, Nose & Throat				
3. Hearing				
4. Mouth & Teeth				
5. Neck (Soft tissues)				
6. Cardiovascular				
7. Chest & Lungs				
8. Abdomen				
9. Genitalia – Hernia				
10. Skin & Lymphatics				
11. Spine – Scoliosis				
12. Extremities				
13. Neurological				
14. Wears braces / plates				

Immunizations are current and up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No
PARTICIPATION RECOMMENDATIONS
<input type="checkbox"/> All sports _____ Yes _____ No <input type="checkbox"/> Restrictions:
<input type="checkbox"/> PA Additional comments:

Sports Physical is valid for 1 year from date indicated below

PART C		
Special Medical Considerations: Describe any special program needs, considerations or restrictions which the child requires in order to participate in CYS programs (to include Sports).		
Child / Youth is able to participate in normal CYS programs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Licensed Health Care Professional Stamp	Licensed Health Care Professional Signature
Date	Type or print name of Parent or Guardian	Signature of Parent or Guardian

PARENT OR GUARDIAN PERMIT

Warning: Although participation in supervised Youth Activities, athletics and activities may be one of the least hazardous in which any Youth will engage in our Program. BY ITS NATURE, PARTICIPATION IN ANY YOUTH PROGRAM ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC. Although serious injuries are not common in supervised Youth athletic programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL THEIR OWN EQUIPMENT DAILY. By signing this Permission Form, we acknowledge that we have read and understand this warning. PARENTS OR PARTICIPANTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give my consent for _____ to compete in athletics for the Whiteman Youth Activities at Whiteman AFB, Missouri. Approved Sports except for those crossed out following: baseball, softball, basketball, flag football, volleyball, soccer, cheer.

Date: _____ Parent/Guardian's signature _____

Date: _____ Participant's signature _____

NOTE: This statement should be on file in the Sports Director's office for every youth participating in youth athletic competition.

WHITEMAN YOUTH ACTIVITIES CENTER SPORTS PROGRAM ACTIVITY INSURANCE WAIVER

This statement releases the Whiteman Youth Activities Center and Staff of responsibilities in case of accident to my son/daughter while he/she is participating in activities. I fully understand that the Whiteman Youth Activities Center does not provide accident or health insurance coverage for my child while participating in youth activities. I further understand that it is my responsibility to provide accident insurance coverage for my child.

I feel my present insurance coverage is adequate: _____

Parent/Guardian Signature

Date

**I AW AFI 34-144 ALL YOUTHS WHO PARTICIPATE IN THE SPORTS PROGRAM ARE
REQUIRED TO HAVE AN ANNUAL PHYSICAL**