

SEYMOUR JOHNSON AFB YOUTH SPORTS HEALTH ASSESSMENT REPORT

Physical Examination Date: _____ **Youth Sports Year** _____ Sport Season _____

Name of Applicant: (Last) _____ (First) _____ (MI) _____

Date of Birth: ____/____/____ Home Phone: _____ Sex: M F (circle one)

TO BE COMPLETED BY EXAMINING PHYSICIAN:

The Health assessment is to be completed by a physician licensed to practice medicine, a physician's assistant as defined in General Status 90-18, a certified nurse practitioner, or a public health nurse meeting the State standards for Health Check Services.

1. Allergies to medicines		
2. Immunizations Check		
3. Blood pressure Check		
4. Any Head Injuries?		
5. Taking medication ?		
6. Any allergies?		
7. Measurements:	Height:	Weight:
8. Heart Check	Satisfactory	Unsatisfactory
9. Lungs Check	Satisfactory	Unsatisfactory
10. Is there evidence of HERINIA?		
Would athletic competition be likely to be injurious?		
11. Is the general condition of the FEET, EARS, EYES, and NOSE Satisfactory?		
If no, Please explain.		

I certify that I have on this date examined the above pupil and recommend him/her as being physically able to compete in supervised athletics activities.

Date: _____ Signature of Examining Physician: _____

PRIVACY ACT STATEMENT

AUTHORITY: Title V, USC Section 301 **Principal Purpose:** To obtain written parental/sponsor permission for physical examination of youth participation in athletic programs.

Routine Uses: Used for legal authority for physical examination of students to ensure physical fitness to participate in Air Force youth/school sports programs.

Mandatory/Voluntary DISCLOSURE/EFFECT OF NON-DISCLOSURE: Non-disclosure on non-authorization will result in student not being accepted for participation in athletic events.

List Health problems that may affect your child's performance in sports:
