

# CHILD, YOUTH, AND SCHOOL SERVICES HEALTH ASSESSMENT/SPORTS PHYSICAL

(AE Reg 608-10-1)

## Data required by the Privacy Act of 1974

**Authority:** 10 USC 3013 and EO 9397 (SSN).

**Purpose:** (1) Verify child health and status of immunizations for admission requirements; (2) Note special program considerations or restriction on child participation; (3) Execute emergency medical procedures for chronic illness or conditions; (4) Refer the child for enrollment in Exceptional Family Member Program; (5) Certify the child is physically fit to participate in sports.

**Routine uses:** In addition to those disclosures generally permitted under 5 USC 552a(b) of the Privacy Act, these records or information contained in them may specifically be disclosed outside DOD as a routine use pursuant to 5 USC 552a(b)(3) as follows: Information from this system may be disclosed to civilian health and welfare departments/agencies in emergency situations. The "Blanket Routine Uses" set forth at the beginning of the Army's compilation of systems of records notices also apply.

**Disclosure:** Voluntary, but if information is not provided individuals may not be able to participate in Child, Youth, and School Services activities.

**Instructions:** For health assessments, complete parts A and C; for sports physicals, complete parts A, B, and C.

### Part A

<b>Name of sponsor</b>	<b>Home telephone</b>	<b>Work telephone</b>
	<b>Cell phone</b>	
<b>Sponsor unit/work address</b>	<b>Sponsor SSN (last four digits)</b>	<b>Spouse's work telephone</b>

#### Child Health Information

<b>Name of child</b>	<b>Birthdate</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

**Does your child have ongoing medical concerns? (If yes, explain circumstances and current status.)**

No  Yes

**Is your child enrolled in the Exceptional Family Member Program? (If yes, explain.)**

No  Yes

#### Medical History

	Yes	No		Yes	No
1. ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	14. Head injury or loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
2. Allergies to medicine, insect bites, or food	<input type="checkbox"/>	<input type="checkbox"/>	15. Heart or blood pressure problems	<input type="checkbox"/>	<input type="checkbox"/>
3. Any hospitalization or operation	<input type="checkbox"/>	<input type="checkbox"/>	16. Heat stroke or exhaustion	<input type="checkbox"/>	<input type="checkbox"/>
4. Asthma or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	17. Joint injuries (ankle/knee/wrist)	<input type="checkbox"/>	<input type="checkbox"/>
5. Behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>	18. Learning problems	<input type="checkbox"/>	<input type="checkbox"/>
6. Broken bones or sprains	<input type="checkbox"/>	<input type="checkbox"/>	19. Neck or back injury	<input type="checkbox"/>	<input type="checkbox"/>
7. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	20. Required restricted physical activity	<input type="checkbox"/>	<input type="checkbox"/>
8. Chest pain with exercise	<input type="checkbox"/>	<input type="checkbox"/>	21. Seizures or convulsions	<input type="checkbox"/>	<input type="checkbox"/>
9. Dental or orthodontic braces	<input type="checkbox"/>	<input type="checkbox"/>	22. Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>
10. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	23. Speech or development delays	<input type="checkbox"/>	<input type="checkbox"/>
11. Dizziness or fainting with exercise	<input type="checkbox"/>	<input type="checkbox"/>	24. Vision problems (glasses/contacts)	<input type="checkbox"/>	<input type="checkbox"/>
12. Ear or hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	25. Other problems (list below)	<input type="checkbox"/>	<input type="checkbox"/>
13. Headaches	<input type="checkbox"/>	<input type="checkbox"/>			

**If you answered yes to any of the above, please explain:**

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#### Ongoing medications

Name	Dosage	Frequency

#### Allergies - All types (food, medicines, insect bites)

Type	Reaction	Type	Reaction

**Part B**  
**Medical Staff Assessment (Completed by licensed independent practitioner.)**

<b>Age</b>		<b>Height</b>		<b>Weight</b>	
<b>Yrs</b>	<b>Mos</b>	<b>in/cm</b>	<b>%</b>	<b>lb/kg</b>	<b>%</b>
<b>BP</b>	<b>/</b>	<b>Visual acuity</b>			
<b>P</b>		<b>Right</b>	<b>/</b>	<b>Left</b>	<b>/</b>
					<b>Tested with/without glasses</b>
		<b>Normal</b>	<b>Abnormal</b>	<b>N/A</b>	<b>Comments</b>
1. Eyes					
2. Ears, nose, and throat					
3. Hearing					
4. Mouth and teeth					
5. Neck (soft tissues)					
6. Cardiovascular					
7. Chest and lungs					
8. Abdomen					
9. Genitalia – hernia					
10. Skin and lymphatics					
11. Spine – scoliosis					
12. Extremities					
13. Neurological					
14. Wears braces/plates					

**Based on this examination, the following abnormalities were found and may need treatment:**

**Immunizations are current and up to date**       Yes     No

**Participation recommended**

All sports     Yes     No                                       Normal physical activity to including physical education  
 PA additional comments                                       Restrictions

**Sports physical is valid for 1 year from date indicated below.**

**Part C**

**Special medical considerations:** Describe any special program needs, considerations, or restrictions the child requires to participate in Child, Youth, and School Services programs (to include sports).

**Child/youth is able to participate in normal Child, Youth, and School Services programs?**     Yes     No

<b>Licensed healthcare professional stamp</b>	<b>Licensed healthcare professional signature</b>	<b>Date</b>
<b>Type or print name of parent or guardian</b>	<b>Signature of parent or guardian</b>	<b>Date</b>

**Health Assessment Annual Recertification**

<b>Health status changed</b>	<b>Signature of parent or guardian</b>	<b>Date</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Health status changed</b>	<b>Signature of parent or guardian</b>	<b>Date</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		