HEALTH ASSESSMENT/SPORTS PHYSICAL STATEMENT (HASPS) for CYS SERVICES

ENROLLMENT, Renewal & SPORTS PHYSICAL Requirements

Revised 08Jan 09

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: All sections A, B, C. must be completed									
PART: A Medical History (Filled out by parent / guardian)									
Name of Sponsor	Home Telephone		Duty/Work Tele	Duty/Work Telephone					
	Cell Telephone								
Sponsor Unit / Work Address	Con relephone	Spouse's Work	Telephone						
	CHILD	HEALTH INFORMATION	1						
Name of Child	Birth D		Sex						
			I	□					
Does your child have ongoing medical conce	rne?		Male	Female					
(If Yes, explain circumstances and current sta	atus)								
Yes No									
Is your child enrolled in Exceptional Family M (If Yes, explain)	ember Program?								
(ii 165, explain)									
Yes No									
		AEDIOAL LUOTODY							
		MEDICAL HISTORY							
		10		YES NO					
Any hospitalization or operations Allowing to modifying insent bits or food		14. Heat stroke or ex		YES NO					
2. Allergies to medicine, insect bites or food		14. Heat stroke or ex 15. Broken bones or	sprains	YES NO					
 Allergies to medicine, insect bites or food Speech or development delays 		14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank	sprains le/Knee/Wrist)	YES NO					
 Allergies to medicine, insect bites or food Speech or development delays Vision Problems (Glasses / Contacts) 		14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte	sprains le/Knee/Wrist)	YES NO					
 Allergies to medicine, insect bites or food Speech or development delays Vision Problems (Glasses / Contacts) Ear or hearing problems 		14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte 18. Diabetes	sprains le/Knee/Wrist)	YES NO					
 Allergies to medicine, insect bites or food Speech or development delays Vision Problems (Glasses / Contacts) Ear or hearing problems Seizures or Convulsions 		14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte 18. Diabetes 19. Cancer	sprains cle/Knee/Wrist) d physical activity	YES NO					
 Allergies to medicine, insect bites or food Speech or development delays Vision Problems (Glasses / Contacts) Ear or hearing problems Seizures or Convulsions Dizziness or fainting with exercise 		14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte 18. Diabetes 19. Cancer 20. Dental or orthodo	sprains le/Knee/Wrist) d physical activity ntic braces	YES NO					
 Allergies to medicine, insect bites or food Speech or development delays Vision Problems (Glasses / Contacts) Ear or hearing problems Seizures or Convulsions Dizziness or fainting with exercise Headaches 		14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte 18. Diabetes 19. Cancer 20. Dental or orthodo 21. Learning problem	sprains le/Knee/Wrist) d physical activity ntic braces	YES NO					
 Allergies to medicine, insect bites or food Speech or development delays Vision Problems (Glasses / Contacts) Ear or hearing problems Seizures or Convulsions Dizziness or fainting with exercise Headaches Head injury or loss of consciousness 		14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte 18. Diabetes 19. Cancer 20. Dental or orthodo 21. Learning problems 22. Sleep problems	sprains le/Knee/Wrist) ld physical activity ntic braces s	YES NO					
 Allergies to medicine, insect bites or food Speech or development delays Vision Problems (Glasses / Contacts) Ear or hearing problems Seizures or Convulsions Dizziness or fainting with exercise Headaches Head injury or loss of consciousness Neck or back injury 		14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte 18. Diabetes 19. Cancer 20. Dental or orthodo 21. Learning problem 22. Sleep problems 23. Behavioral proble	sprains le/Knee/Wrist) ld physical activity ntic braces s	YES NO					
Allergies to medicine, insect bites or food Speech or development delays Vision Problems (Glasses / Contacts) Ear or hearing problems Seizures or Convulsions Dizziness or fainting with exercise Headaches Head injury or loss of consciousness Neck or back injury Asthma or difficulty breathing		14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte 18. Diabetes 19. Cancer 20. Dental or orthodo 21. Learning problem 22. Sleep problems 23. Behavioral proble 24. ADD / ADHD	sprains le/Knee/Wrist) d physical activity ntic braces s	YES NO					
Allergies to medicine, insect bites or food Speech or development delays Vision Problems (Glasses / Contacts) Ear or hearing problems Seizures or Convulsions Dizziness or fainting with exercise Headaches Head injury or loss of consciousness Neck or back injury Asthma or difficulty breathing		14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte 18. Diabetes 19. Cancer 20. Dental or orthodo 21. Learning problem 22. Sleep problems 23. Behavioral proble 24. ADD / ADHD 25. Autism Spectrum	sprains le/Knee/Wrist) d physical activity ntic braces s ms Disorder	YES NO					
Allergies to medicine, insect bites or food Speech or development delays Vision Problems (Glasses / Contacts) Ear or hearing problems Seizures or Convulsions Dizziness or fainting with exercise Headaches Head injury or loss of consciousness Neck or back injury Asthma or difficulty breathing	YES N	14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte 18. Diabetes 19. Cancer 20. Dental or orthodo 21. Learning problem 22. Sleep problems 23. Behavioral proble 24. ADD / ADHD	sprains le/Knee/Wrist) d physical activity ntic braces s ms Disorder	YES NO					
Allergies to medicine, insect bites or food Speech or development delays Vision Problems (Glasses / Contacts) Ear or hearing problems Seizures or Convulsions Dizziness or fainting with exercise Headaches Head injury or loss of consciousness Neck or back injury Asthma or difficulty breathing Heart or blood pressure problems Chest pain with exercise	YES N	14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte 18. Diabetes 19. Cancer 20. Dental or orthodo 21. Learning problem 22. Sleep problems 23. Behavioral proble 24. ADD / ADHD 25. Autism Spectrum	sprains le/Knee/Wrist) d physical activity ntic braces s ms Disorder	YES NO					
2. Allergies to medicine, insect bites or food 3. Speech or development delays 4. Vision Problems (Glasses / Contacts) 5. Ear or hearing problems 6. Seizures or Convulsions 7. Dizziness or fainting with exercise 8. Headaches 9. Head injury or loss of consciousness 10. Neck or back injury 11. Asthma or difficulty breathing 12. Heart or blood pressure problems 13. Chest pain with exercise If you answer yes to any of the above, please	YES N	14. Heat stroke or ex 15. Broken bones or 16. Joint injuries (Ank 17. Required restricte 18. Diabetes 19. Cancer 20. Dental or orthodo 21. Learning problem 22. Sleep problems 23. Behavioral proble 24. ADD / ADHD 25. Autism Spectrum	sprains le/Knee/Wrist) d physical activity ntic braces s ms Disorder	YES NO					
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DADT B. Dhysical Evam								
PART B: Physical Exam	Parameter of Constant	and a transfer of the second	D	D	Describing as AID, Disposite for the Applicate AA			
	y licensed independent practitioner: Doctor-Dr., Nurse Pr			Dr., Nurse				
Age	Height				Weight			
YRS MOS		cm. (%ile)			kgs. (%ile)			
BP: /		Visual Acuity			Tactad with / without alassa			
P:	ŭ	Right / Left /		/	Tested with / without glasses			
	NORMAL	ABNORMAL	N/A	COMME	NTS			
1. Eyes								
2. Ears, Nose & Throat								
3. Hearing								
4. Mouth & Teeth								
Neck (Soft tissues)								
Cardiovascular								
7. Chest & Lungs								
8. Abdomen								
9. Genitalia – Hernia								
10. Skin & Lymphatics								
11. Spine – Scoliosis								
12. Extremities								
13. Neurological								
14. Wears braces / plates								
Based on this HX and PX exam, the follow	wing abnormal	ties were found ar	nd mav ne	ed treatme	nt:			
	3		,					
Immunizations are current and up to dat	e: Ll Yes	□ _{No}						
	DAE	RTICIPATION	DECOM	MENDA	TIONS			
	ГАГ	TICIPATION	KECOW	IVILIVDA	TIONS			
All sportsYes No		□ Nor	نميطم امس	and a netiview	to including DE			
All sports res No		☐ NOI	mai physic	car activity	to including PE			
Additional comments:		□ Res	trictions:					
Additional comments.			directions.					
	Sports Dh	voicel is valid for	1 voor fr	m data in	dicated halow			
	Sports Fil	ysical is valid for	ı yeai iic	iii uate iii	uicateu below			
DADTO								
PART C								
	cribe any specia	al program needs,	considera	tions or res	strictions which the child requires in order to participate in			
CYS programs (to include Sports).								
Child / Youth is able to participate in normal CYS programs?								
Date Licensed Health Care Professional Stamp Licensed Health Care Professional; Dr., NP or PA Signature								
Initial Date Typ	e or print name	of Parent or Gua	ardian		Signature of Parent or Guardian			
HASPS Renewal (Not Part of the Sports Physical)								
Year 2 Date Hea	Ith Status Cha			•	Signature of Parent or Guardian			
		3 4 44			- J			
□	□							
☐ Yes	∐ No							
Year 3 Date Hea	alth Status Cha	nged			Signature of Parent or Guardian			
□.	□							
∐ Yes	∐ No							