Arkansas National Guard Youth Challe*NG*e Program
Bldg. 16414, Box 41, Camp J.T. Robinson | North Little Rock, AR

Sports Physical Exam Form

Dear Physician,

Your patient has applied to attend the Arkansas National Guard Youth Challe*NG*e Program at Camp Robinson. This program is a 22-week quasi-military behavior modification program. Students participate in physical training twice daily throughout the program. This may include running, stretching, pushups, sit ups, leg lifts, jumping jacks, or other military-style exercises. The first two weeks will involve rigorous exercise, up to and including a 10 mile road march. All applicants must obtain a sport's physical and release from a physician in order to attend the program. **This form <u>MUST</u> be completed so that we may make an informed decision on the potential candidate's participation.**

_____ _____ _____

Applicants Name Date of Birth Exam Date

Height _____ Weight _____ Corrected Vision R _____ / _____ Uncorrected Vision R _____ / _____

Pulse _____ BP _____ L _____ / _____ L _____ / _____

	Normal	Abnormal findings	Initials
1. Asthma	☐ Yes ☐ No		
2. Eyes	☐ Yes ☐ No		
3. Ears, Nose, Throat	☐ Yes ☐ No		
4. Mouth and Teeth	☐ Yes ☐ No		
5. Cardiovascular	☐ Yes ☐ No		
6. Chest and Lungs	☐ Yes ☐ No		
7. Abdomen	☐ Yes ☐ No		
8. Skin	☐ Yes ☐ No		
9. Genitalia-Hernia (male)	☐ Yes ☐ No		
10. Musculoskeletal: ROM, strength, etc	☐ Yes ☐ No		
13. Neuromuscular	☐ Yes ☐ No		

I have reviewed the data above, my patient's medical history, and make the following recommendations for his/her participation in the Arkansas National Guard Youth Challe*NG*e Program:

☐ CLEARED WITHOUT RESTRICTIONS ☐ CLEARED WITH THE FOLLOWING RESTRICTIONS

PARTICIPATION RESTRICTIONS: _____

☐ NOT CLEARED FOR PARTICIPATION

_____ _____

Physicians Name and degree (please print) Address /City / State / Zip / Phone #

Physicians Signature: _____