AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL					
1. CADET/APPLICANT NAME	TAME A	2. AFROTC DETACH	MENT		
MEDICAL AUTHORITY: Measure height and weight or requested below.					
CADET/APPLICANT MEASUREMENTS	standards, conduct a Body Fat Measurement IA\ HEIGHT		WEIGHT		
AIR FORCE WEIGHT STANDARDS (found on reverse)	MINIMUM	7,	MAXIMUM		
5. BODY FAT MEASUREMENT		- L	6. BODY FAT STANDARDS: FEMALE - 28% MALE - 20%		
7. CHECK APPLICABLE BOX	IS WITHIN AIR FORCE WEIGHT STANDARDS EXCEEDS AIR FORCE WEIGHT STANDARDS IS BELOW AIR FORCE WEIGHT STANDARDS				
8 MEDICAL AUTHORITY: PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.					
I, (print name) HIS/HER MEDICAL HISTORY. THE FOLLOWING AR		, HAVE EXAN	INED THIS CADET/APPLICANT AND REVIEWED		
9 (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS) I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT(Medical Authority Initials)					
10. (IF CADET/APPLICANT EXCEEDS AIR FORCE WITH HAVE DISCUSSED APPROPRIATE AND SAFE WEI	Control and Contro	ET/APPLICANT.	(Medical Authority Initials)		
11. (FOR ALL CADETS/APPLICANTS) I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:					
EXAMINATION DATE	PHY	'SICIAN OR MEDICAL AI	JTHORITY SIGNATURE		
AFROTC CADRE: A DISQUALIFIED DODMERB OR MEPS PHYSICAL SUPERSEDES THIS FORM. A CADET MAY NOT PARTICPATE IN THE AFROTC PHYSICAL TRAINING PROGRAM IF THEY HAVE A DISQUALIFIED DODMERB OR MEPS PHYSICAL.					
DATE		AFROTC CADRE	SIGNATURE		

ACCESSION HEIGHT AND WEIGHT STANDARDS & BODY FAT MEASUREMENT (BFM) STANDARDS (Per AFRSI 36-2001, Recruiting Procedures for the Air Force)

HEIGHT (INCHES)	POUNDS		
	MINIMUM (BMI = 19 kg/m)	MAXIMUM (BMI = 27.5 kg/m	
58	91	131	
59	94	135	
60	97	141	
61	100	145	
62	104	150	
63	107	155	
64	110	160	
65	114	165	
66	117	170	
67	121	175	
68	125	180	
69	128	186	
70	132	191	
71	136	197	
72	140	202	
73	144	208	
74	148	214	
75	152	220	
76	156	225	
77	160	231	
78	164	237	
79	168	244	
80	173	250	

65)

FITNESS SCREENING QUESTIONNAIRE

You are being asked these questions for your safety and health. The AF Fitness Assessment (FA) is a maximum-effort test. Airmen who have not been exercising regularly and/or have other risk factors for a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. Answering these questions honestly is in your best interest.

interest. 1. Have you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for unrestricted participation in a physical training program? a. Unexplained chest discomfort with or without exertion b. Unusual or unexplained shortness of breath c. Dizziness, fainting, or blackouts associated with exertion d. Other medical problems that have not been evaluated, optimally treated, or not already addressed in an AF Form 469, that may prevent you from safely participating in this test (e.g. heart disease, sickle cell trait, asthma, etc.). e. Family history of sudden death before the age of 50 years ☐ Yes: Stop. Notify your UFPM and contact your PCP/MLO for evaluation/recommendations (or for ARC, contact the MLO for Duty Limiting Conditions (DLC) documentation and referral to PCP). Hand carry this form to medical evaluation. □ No: Proceed to next question. 2. Are you 35 years of age or older? ☐ Yes: Proceed to next question. □ No: Stop. Sign form and return to your UFPM. Member may take the FA. 3. Have you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to marked increases in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months? ☐ Yes: Stop. Sign form and return to your UFPM. Member may take the fitness assessment. ■ No: Proceed to the next question. 4. Do one (1) or more of the following risk factors apply to you? Smoked tobacco products in the last 30 days Diabetes High blood pressure that is not controlled High cholesterol that is not controlled Family history of heart disease (developed in father/brother before age 55 or mother/sister before age

NOTE: RegAF and ANG (Title 10 status): If member was cleared for entry into a fitness program at his/her last physical health assessment (PHA) and his/her PHA is current, the member will take the FA. If not cleared, refer member to PCM for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the FA.

Age > 45 years for males; > 55 years for females

☐ Yes: Stop and notify UFPM.

AFR: If member was cleared for participation into a fitness program at a PHA within the last 12 months, the member will take the FA. If not previously cleared, member will be referred to PCP for evaluation and, if medically cleared for unrestricted fitness program, the member will take the FA. Refer member to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

ANG (Title 32 status): Refer member to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

☐ No: Stop. Sign form and return to your UFPM. Member will take the FA.

If member experiences any of the symptoms listed in Question #1 during the fitness assessment, he/she should stop the test immediately and seek medical attention immediately.

Signature:		Date:
Printed Name:		Rank:
Duty Phone:		Rank: Office Symbol:
Authority: 10 USC 8013. Routine UMandatory. Failure to provide this punishment under the UCMJ.		ot disclosed outside DoD. Disclosure is either administrative discharge or
Medical Evaluation (Only applica	able if member marked \	Yes on Question 1; provider answers all 4
If medical evaluation is required IA	.W this FSQ, the provider	will complete the following.
I medically evaluated(rank, nam	on e) (date)	Medical recommendations are:
Member (is/is not) medically cleare	ed for the maximal effort 1	.5-mile run.
Member (is/is not) medically cleare	d for the maximal effort 2	.0-kilometer walk.
Member (is/is not) medically cleare	ed for push-ups.	
Member (is/is not) medically cleare	d for sit-ups.	
NOTE: An AF Form 469 has been than 30 days must be referred to the		Airmen with fitness limitations for greater cription IAW AFI 36-2905.
(Signature/Stamp of Provider)		