

AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME	2. AFROTC DETACHMENT
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MEDICAL AUTHORITY: Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.

3. CADET/APPLICANT MEASUREMENTS	HEIGHT	WEIGHT
4. AIR FORCE WEIGHT STANDARDS (found on reverse)	MINIMUM	MAXIMUM
5. BODY FAT MEASUREMENT	6. BODY FAT STANDARDS: FEMALE - 28% MALE - 20%	
7. CHECK APPLICABLE BOX	<input type="checkbox"/> IS WITHIN AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> EXCEEDS AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> 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*) _____, HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

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 WEIGHT STANDARDS)
 I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/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	PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE

AFROTC CADRE: A DISQUALIFIED DODMERB OR MEPS PHYSICAL SUPERSEDES THIS FORM. A CADET MAY NOT PARTICIPATE 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

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.

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

65)

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

Yes: Stop and notify UFPM.

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.

