

AFROTC PHYSICAL HEALTH SCREENING QUESTIONNAIRE

TO THE CADET: IT IS MANDATORY YOU COMPLETE THIS QUESTIONNAIRE PRIOR TO AND DURING YOUR PARTICIPATION IN THE AIR FORCE RESERVE OFFICER TRAINING CORPS (AFROTC) CADET PHYSICAL TRAINING (PT) PROGRAM.

INSTRUCTIONS

1. IF YOU ARE STARTING THE PT PROGRAM, PRINT TODAY'S DATE UNDER THE COLUMN MARKED "FIRST PT ACTIVITY." IF YOU ARE TAKING A PHYSICAL FITNESS ASSESSMENT (PFA), AND/OR QUALITY FITNESS REVIEW (QFR), CIRCLE THE APPLICABLE ACTIVITY IN THE "PFA/QFR" COLUMN AND PRINT TODAY'S DATE UNDERNEATH.
2. REVIEW EACH QUESTION AND CIRCLE "YES" OR "NO" AS APPLICABLE TO YOUR SITUATION.
3. DATE, PRINT YOUR NAME, AND SIGN AT THE BOTTOM IN THE AREA APPLICABLE TO YOUR SITUATION.
4. RETURN THE COMPLETED QUESTIONNAIRE TO YOUR DETACHMENT CADRE. PLEASE ADVISE THE CADRE IF YOU RESPONDED "YES" TO ANY OF THE QUESTIONS BELOW. ANY "YES" ANSWERS WILL REQUIRE A CONSULTATION WITH A HEALTH CARE PROVIDER BEFORE PARTICIPATING IN ANY PHYSICAL TRAINING ACTIVITIES.
5. YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE **NLT 72 HOURS PRIOR** TO YOUR INITIAL PT ACTIVITY, PFA, OR QFR.

QUESTION	FIRST PT ACTIVITY DATE _____	PFA/QFR DATE _____
1. HAS THERE BEEN ANY SIGNIFICANT CHANGE TO YOUR HEALTH IN THE PAST 6 MONTHS?	YES - NO	YES - NO
2. ARE YOU CURRENTLY ON A MEDICAL PROFILE EXEMPTING YOU FROM ANY COMPONENT OF THE PT ACTIVITIES?	YES - NO	YES - NO
3. HAS A PHYSICIAN EVER INDICATED YOU HAVE HEART DISEASE OR HEART TROUBLE?	YES - NO	YES - NO
A. DO YOU SUFFER FROM PAINS IN YOUR CHEST, ESPECIALLY WITH PHYSICAL ACTIVITY?	YES - NO	YES - NO
B. DO YOU FEEL FAINT OR HAVE DIZZY SPELLS DURING OR AFTER PHYSICAL ACTIVITY?	YES - NO	YES - NO
4. HAVE YOU BEEN DIAGNOSED OR EXPERIENCED AN ASTHMA OR RESPIRATORY CONDITION?	YES - NO	YES - NO
5. HAVE YOU EXPERIENCED A WEIGHT CHANGE GREATER THAN 9 POUNDS IN THE PAST 6 MONTHS?	YES - NO	YES - NO
A. IF "YES", INDICATE THE ESTIMATED AMOUNT GAINED OR LOST: _____ LBS.		
6. HAVE YOU EVER BEEN DIAGNOSED OR DISPLAYED SYMPTOMS OF HEAT STRESS?	YES - NO	YES - NO
7. FEMALES ONLY: ARE YOU PREGNANT OR DO YOU THINK YOU MAY BE PREGNANT?	YES - NO	YES - NO
8. ARE YOU CURRENTLY TAKING ANY SUPPLEMENTS OR MEDICATION, WHICH CONTAIN ANY OF THE FOLLOWING SUBSTANCES: EPHEDRA/EPHEDRINE, GUARANA, PHENYLEPHRINE, PSEUDOEPHEDRINE?	YES - NO	YES - NO

A. IF YOU ANSWER "YES", LIST THE ITEMS BELOW AND STATE THE LAST TIME YOU TOOK THAT SUPPLEMENT OR MEDICATION.

FIRST PT ACTIVITY

DATE _____ PRINT NAME _____

SIGNATURE _____

PFA/QFR

DATE _____ PRINT NAME _____

SIGNATURE _____

AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME		2. AFROTC DETACHMENT 800	
MEDICAL AUTHORITY: Measure height and weight of cadet/applicant. Compare results to AF standards located below. AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW 1308.3, then check the applicable block			
3. CADET/APPLICANT MEASUREMENTS	HEIGHT	WEIGHT	
4. AIR FORCE WEIGHT STANDARDS <i>Reference Tables on Page 2</i>	MINIMUM	MAXIMUM	
5. BODY FAT MEASUREMENT MALES: WAIST - NECK FEMALES: WAIST + HIP - NECK	<i>Note: To be done if candidate exceeds maximum AF weight</i>		
AIR FORCE BODY FAT STANDARDS	FEMALE 29 YEARS AND YOUNGER - 28% 30 YEARS AND OLDER - 32%	MALE 29 YEARS AND YOUNGER - 20% 30 YEARS AND OLDER - 24%	
6. 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		
MEDICAL AUTHORITY CERTIFICATION			
7. (FOR MEDICAL AUTHORITY): PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN AT THE BOTTOM.			
1. (print name) _____, HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:			
8. (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 ANOREXIA OR BULIMIA EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. _____ (Medical Authority Initials)			
9. (FOR CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS) I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. _____ (Medical Authority Initials)			
10. (FOR ALL) I FOUND / DID NOT FIND (please circle one) MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM.			
11. NOTE: IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN.			
PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE		EXAMINATION DATE	

MAXIMUM AND MINIMUM AIR FORCE ALLOWABLE WEIGHT STANDARDS

TABLE 1. MAXIMUM ALLOWABLE WEIGHTS FOR BMI OF 27.5 (REGARDLESS OF AGE) (58 - 80 INCHES)

HEIGHT (INCHES)	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
MAXIMUM WEIGHT (POUNDS)	131	136	141	145	150	155	160	165	170	175	180	186	191	197	202	205	214	220	225	231	237	244	250

TABLE 2. MINIMUM ALLOWABLE WEIGHTS FOR BMI OF 19.0 (58 - 80 INCHES)

HEIGHT (INCHES)	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
MAXIMUM WEIGHT (POUNDS)	91	94	97	100	104	107	110	114	117	121	125	128	132	136	140	144	148	152	156	160	164	168	172