

FITNESS SCREENING QUESTIONNAIRE

1. Do you have a health condition not addressed in a physical profile (AF Form 422) that participating in the PT program/testing could aggravate or that would preclude your safety?

- Yes Stop here; notify your Unit Fitness Program Manager (FPM) and contact PCM.
- No Proceed to next question.

2. Do you have any of the following?

- Chest discomfort with exertion
- Unusual shortness of breath
- Dizziness, fainting, blackouts
- Yes Stop here; notify your UFPM and contact your Primary Care Manager (PCM)
- No Proceed to next question.

3. Are you 35 years of age or older?

- Yes Proceed to next question. No Stop here; sign form and return to your UFPM.

4. Do two (2) or more of the following risk factors apply to you?

***Physically inactive;** that is, you have not participated in physical activities of at least a moderate level (i.e., that caused light sweating and slight-to-moderate increases in breathing or heart rate) for at least 30 minutes per session and for a minimum of 3 days per week for at least 3 months

***Smoked cigarettes 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)

***Abdominal circumference > 40" for males; > 35" for females Age > 45 years for males; > 55 years for females**

- Yes Stop here; notify your UFPM and contact your PCM for evaluation.
- No Sign form and return to Unit Fitness Program Manager.

You must notify your UFPM and see your Primary Care Manager if you have a change in health that may affect your ability to safely participate in unit physical training. AF Reservist will contact the Reserve medical unit (for unit Reservists) or host MTF provider (for IMAs)

*If for any reason you believe you **cannot/should not** test today, please notify FAC personnel immediately to reschedule. Once the test has begun members are responsible for the decision to complete it. _____ (init)

*If at any time during testing you become injured and believe the injury will impact your performance **stop immediately**, inform the PTL/FAC staff and seek medical attention. **Failure to do so will likely result in your completed test score being declared valid.** _____ (init)

*If you stop testing due to injury, you have **5 duty days** to have you CC submit medical documentation and a request for test invalidation. Failure to submit within 5 days will result in the in completed score being entered and likely declared valid. _____ (init)

*Any disputes regarding scoring or test procedures should be brought to the attention of the FAC staff upon component completion or prior to signing the completed test form. **Failure to do so will likely result in test being declared valid.** _____ (init)

Signature: _____ Date: _____

Printed Name: _____ Rank: _____

Duty Phone: _____ Office Symbol: _____

Authority: 10 USC 8013. Routine Use: This information is not disclosed outside DoD. Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.