

LEADERSHIP ACADEMY HEALTH RISK SCREENING FORM

(Please print all information)

Cadet Name _____

NJROTC UNIT _____ High School

Date of your most recent pre-participation sports physical examination ____/____/____

Part A— COMPLETED BY CADET AND PARENT/GUARDIAN. Answer all questions and circle Yes or No for each question.

- | | | |
|---|-----|----|
| 1. Do you have difficulty doing strenuous exercise? | Yes | No |
| 2. Have you been told NOT to participate in long distance runs, such as the 1.5 mi. run? | Yes | No |
| 3. Have you been told NOT to do curl-ups or push-ups by a physician or other medical professional? | Yes | No |
| 4. Do you exercise less than three times a week for at least thirty minutes? | Yes | No |
| 5. Have you had any broken bones or a serious injury in the past three months? | Yes | No |
| 6. Do you use tobacco of any kind? | Yes | No |
| 7. Have you experienced any chest, neck, jaw, or arm discomfort while doing physical exercise? | Yes | No |
| 8. Do you experience any shortness of breath with relatively low levels of exercise or exertion? | Yes | No |
| 9. In the last month, have you felt any chest pain while at rest? | Yes | No |
| 10. Do you have any known cardiac (heart) problems? * | Yes | No |
| 11. Do you think you are overweight? | Yes | No |
| 12. Do you have dizzy/fainting spells, frequent headaches or frequent back pain? | Yes | No |
| 13. Have you experienced dehydration after strenuous physical exercise? | Yes | No |
| 14. Are you currently under treatment by a physician or other medical professional? | Yes | No |
| 15. Has your Mother or Sister died without explanation or suffered a heart attack before age 55? | Yes | No |
| 16. Has your Father or Brother died without explanation or suffered a heart attack before age 45? | Yes | No |
| 17. Do you have high blood pressure or are you on blood pressure medication? * | Yes | No |
| 18. Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication? | Yes | No |
| 19. Do you have sugar diabetes? | Yes | No |
| 20. Have you experienced periods of rapid beating or fluttering of the heart? * | Yes | No |
| 21. Do you suffer from lower leg swelling of both legs? | Yes | No |
| 22. Do you have difficulty breathing or sudden breathing problems at night? | Yes | No |
| 23. Do you have any personal history of metabolic disease (thyroid, renal, liver)? | Yes | No |
| 24. Do you have any bone, joint, or muscle problem that prevents you from doing strenuous exercise? | Yes | No |
| 25. Have you unintentionally lost/gained more than 10% of your body weight since your last PFT? | Yes | No |
| 26. Have you ever been diagnosed with sickle cell trait? | Yes | No |
| 27. Do you have asthma or are you using an inhaler to aid in breathing? * | Yes | No |
| 28. Have you earned a PFT ribbon in the past 5 months? | Yes | No |

*** YES - AUTOMATIC DISQUALIFICATION**

Cadet Signature

date

Parent/Guardian Signature

date

Part B--If any of the answers to the questions above (Other than questions 10, 17, 20, and 27 which are immediate disqualifiers.) were YES, the following section must be completed and signed by a licensed medical doctor.

Significant clinical history and/or current medications and treatment regimen of the above cadet (use reverse if necessary):

I **recommend release / do not recommend release** for participation in strenuous physical activities including the 1.5 mile
(Circle one)
timed run, push-ups, curl-ups, swimming, sailing and nightly runs up to three miles.

YES, RELEASED FOR TRAINING

(DOCTOR CIRCLE ONE)

NOT RELEASED FOR TRAINING

Date Signed

Signature of Medical Professional

Printed Name of Medical Professional