

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 think you are overweight? | Yes | No |
| 11. Do you have dizzy/fainting spells, frequent headaches or frequent back pain? | Yes | No |
| 12. Have you experienced dehydration after strenuous physical exercise? | Yes | No |
| 13. Are you currently under treatment by a physician or other medical professional? | Yes | No |
| 14. Has your Mother or Sister died without explanation or suffered a heart attack before age 55? | Yes | No |
| 15. Has your Father or Brother died without explanation or suffered a heart attack before age 45? | Yes | No |
| 16. Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication? | Yes | No |
| 17. Do you have sugar diabetes? | Yes | No |
| 18. Do you suffer from lower leg swelling of both legs? | Yes | No |
| 19. Do you have difficulty breathing or sudden breathing problems at night? | Yes | No |
| 20. Do you have any personal history of metabolic disease (thyroid, renal, liver)? | Yes | No |
| 21. Do you have any bone, joint, or muscle problem that prevents you from doing strenuous exercise? | Yes | No |
| 22. Have you unintentionally lost/gained more than 10% of your body weight since your last PFT? | Yes | No |
| 23. Have you ever been diagnosed with sickle cell trait? | Yes | No |
| 24. Have you earned a PFT ribbon in the past 5 months? Answering this question NO will DISQUALIFY the Cadet. | Yes | No |
| 25. Do you have any known cardiac (heart) problems? | Yes | No |
| 26. Do you have asthma or are you using an inhaler to aid in breathing? | Yes | No |
| 27. Have you experienced periods of rapid beating or fluttering of the heart? | Yes | No |
| 28. Do you have high blood pressure or are you on blood pressure medication? | Yes | No |
| 29. Are you a sleepwalker? | Yes | No |

YES answers to questions 25 – 29: AUTOMATIC DISQUALIFICATION from attending LA.

Cadet Signature

Date

Parent/Guardian Signature

Date

Part B--If any of the answers to the questions above (**Other than question 24**) were answered **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)

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