

**FITNESS SCREENING QUESTIONNAIRE**

FAC Initials \_\_\_\_\_

Date: \_\_\_\_\_

**1. Do you have any health conditions 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 (UFPM) and contact Primary Care Manager (PCM). If cleared for Physical Fitness Testing (PFT) and no Physical Profile (AF Form 422) is necessary.
- 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 PCM. If cleared for PFT, and no AF Form 422 is necessary
- NO Proceed to NEXT question.

**3. Are you 35 years of age or older?**

- YES Proceed to NEXT question.
- NO STOP HERE; sign form

**4. Do one (1) 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 to 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
- Smoke 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 (father/brother before age 55 or mother/sister before age 65)
- Waist measurement greater than 40" for males or 35" for females
- Age > 45 years for males; 55 years for females
- YES STOP HERE; notify your UFPM and contact PCM for evaluation. If cleared for Physical Fitness Testing (PFT) and no Physical Profile (AF Form 422) is necessary
- NO Sign Fitness Screening Questionnaire Form

**PRINT NAME:** \_\_\_\_\_ **DUTY PHONE:** \_\_\_\_\_

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Authority: 10 USC 8013 Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.*

**FITNESS ASSESSMENT SCORE CARD**

**PRINT NAME (Last, First):** \_\_\_\_\_ **FULL SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **UNIT:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **GENDER:** MALE / FEMALE **PROFILE:** YES OR NO **TIME:** \_\_\_\_\_ **Jersey:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**MEMBER STOP HERE; FAC STAFF MEMBER SECTION ONLY**

<b>ABDOMINAL CIRCUMFERENCE:</b>		<b>MUSCULAR FITNESS ASSESSMENT:</b>	<b>AEROBIC ASSESSMENT:</b>
Measurement #1:	Average:	Push-ups :	Run Time:
Measurement #2:		Sit-ups :	Walk Time/HR:
Measurement #3:			

*I acknowledge and certify that the above data is accurate. If I have any questions or concerns, I will address them through my UFPM.*

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE COMPLETED TEST:** \_\_\_\_\_

**FAC/UFPM SIGNATURE:** \_\_\_\_\_ **SCORE:** \_\_\_\_\_ **REMARKS** \_\_\_\_\_

**DATE ENTERED IN AFFMS:** \_\_\_\_\_ **MEMBER RETEST:** YES or NO