NJROTC HEALTH RISK SCREENING QUESTIONNAIRE

Cadet Name: ________________________________ (Printed Name)

NJROTC Unit: ____________________________________________________________________________ High School

Date of your most recent pre-participation sports physical examination ________________________________

Part A – TO BE COMPLETED BY THE CADET AND PARENT/GUARDIAN

Directions: Please answer Yes or No to the following questions: (Do not leave any questions blank)

1. Do you have difficulty doing strenuous (great effort) exercise? ___________
2. Have you been told NOT to participate in long distance runs, such as a 1.5-mile-run? ___________
3. Have you been told NOT to do curl-ups or push-ups by a physician or other medical professional? ___________
4. Do you exercise less than three times per week for at least thirty minutes? ___________
5. Have you had any broken bones or a serious accident in the last three months? ___________
6. Do you use tobacco of any kind? ___________
7. Have you experienced chest, neck, jaw or arm discomfort while doing physical activity? ___________
8. Do you have asthma or are you using an inhaler to aid in breathing? ___________
9. Do you experience any shortness of breath with relatively low levels of exercise or exertion? ___________
10. In the last month have you felt any chest pain at rest? ___________
11. Do you have any known cardiac (heart) disease? ___________
12. Do you think you are overweight? ___________
13. Do you have dizzy/fainting spells, frequent headaches, or frequent back pains? ___________
14. Have you ever experienced dehydration after strenuous physical exercise? ___________
15. Are you currently under treatment by a physician or other medical practitioner? ___________
16. Has your mother or sister died without any explanation or suffered a heart attack before the age of 55? ___________
17. Has your father or brother died without any explanation or suffered a heart attack before the age of 45? ___________
18. Do you have high blood pressure or are you on blood pressure medication? ___________
19. Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication? ___________
20. Do you have sugar diabetes? ___________
21. Have you experienced episodes of rapid beating or fluttering of the heart? ___________
22. Do you suffer from lower leg swelling of both legs? ___________
23. Do you have difficulty breathing or have sudden breathing problems at night? ___________
24. Do you have any personal history of metabolic disease (thyroid, renal, liver)? ___________
25. Do you have a bone, joint, or muscle problem that prevents you from doing strenuous exercises? ___________
26. Have you unintentionally lost/gained more than 10 percent of your body weight since your last PFT? ___________
27. Have you ever been diagnosed with Sickle Cell Trait? ___________

Cadet Signature: ____________________________ Date: __________________________

Parent/Guardian Signature: ____________________________ Date: __________________________

Part B - If any of the answers to the questions above were YES, request that the following section be completed and signed by a licensed medical doctor or registered school nurse:

Significant clinical history and/or current medication and treatment regimen of the above cadet: (Use reverse side if necessary)

Recommended/released for participation in strenuous physical activities including the 1.5-mile-run? YES NO

Signature of Medical Practitioner: ____________________________ Date: __________________________

CNET Form 1533/106 (09-02)