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

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Signature of Medical Practitioner Date

*REQUIRED ONLY IF ALSO COMPLETING A VIRGINIA HIGH SCHOOL ATHLETIC PARTICIPATION / PHYSICAL EXAM FORM.

CNET Form 1533/106 (09-02)