

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?
28. Do you have a current prescription for epinephrine (or "epi" pen) for situational use?
29. Do you have any food allergies that require a special menu or special accommodations?

If you answered yes to any question please continue to the second page.

Cadet Signature

Date

Parent/Guardian Signature

Date

Cadet Name: _____

Part B – TO BE COMPLETED BY A LICENSED MEDICAL PRACTITIONER

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