

## NJROTC HEALTH RISK SCREENING QUESTIONNAIRE

Cadet Name: \_\_\_\_\_ (Last, first, M.I. – Print)  
NJROTC Unit: Quabbin Regional High School UIC: 96070

**NOTE: THIS FORM IS NOT A SUBSTITUTE FOR A PHYSICAL. A PHYSICAL IS STILL REQUIRED.**

Date of most recent pre-participation sports physical examination: \_\_\_\_\_

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

Directions: Circle “Yes” or “No” for the following questions: (Do not leave any blanks)

1. Do you have any difficulty in doing strenuous (great effort) exercise? **YES/NO**
2. Have you been told NOT to participate in long distance runs, such as 1.5 mile-nm? **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 per week for at least thirty minutes? **YES/NO**
5. Have you had any broken bones or serious accident in the last 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 activity?  
**YES/NO**
- 8a. Do you have asthma or are you using an inhaler to aid in your breathing?** **YES/NO**
- 8b. Are you taking medication to reduce the effects of asthma?** **YES/NO**
9. Do you experience any shortness of breath with relatively low levels of exercise or exertion?  
**YES/NO**
10. During the last month have you felt any chest pain at rest? **YES/NO**
11. Do you have any known cardiac (heart) disease? **YES/NO**
12. Do you think you are overweight? **YES/NO**
13. Do you have dizzy/fainting spells, frequent headaches, or frequent back pains? **YES/NO**
14. Have you ever experienced dehydration after strenuous physical exercise? **YES/NO**
15. Are you currently under treatment by a physician or other medical practitioner? **YES/NO**

16. Has your mother or sister died without any explanation or suffered a heart attack before the age of 55? **YES/NO**

**CONTINUE HEALTH RISK SCREENING QUESTIONNAIRE ON REVERSE  
HEALTH RISK SCREENING QUESTIONNAIRE (CONTINUED)**

17. Has your father or brother died without any explanation or suffered a heart attack before the age of 45? **YES/NO**

18. Do you have a high blood pressure or are you on any blood pressure medication? **YES/NO**

19. Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication? **YES/NO**

20. Do you have sugar diabetes? **YES/NO**

21. Have you experienced episodes of rapid beating or fluttering of the heart? **YES/NO**

22. Do you suffer from lower leg swelling of both legs? **YES/NO**

23. Do you have difficulty breathing or have sudden breathing problems at night? **YES/NO**

24. Do you have a personal history of metabolic disease (thyroid, renal, liver)? **YES/NO**

25. Do you have a bone, joint or muscle problem that prevents you from doing any strenuous exercise? **YES/NO**

26. Have you unintentionally lost/gained more than 10 percent of your body weight since your last Physical Fitness Test? **YES/NO**

27. Have you ever been diagnosed with Sickle Cell Trait? **YES/NO**

Cadet Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part B: If any answers to one of the above questions is “YES,” the following section must be completed and signed by a licensed medical doctor or registered school nurse to include:

- Significant clinical history and/or current medication and treatment regimen of the above cadet.
- Please attach necessary explanatory documentation.
- Is this Cadet recommended for participation in strenuous physical activities including the 1.5 mile-run? **YES/NO**

Signature of Medical Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Senior Naval Science Instructor)

CNET Form 1533/106 (09-02)