**NJROTC HEALTH RISK SCREENING QUESTIONNAIRE**

**Cadet (Print Name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NJROTC Unit:**  **Bethel High School**

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

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

(Day/Month/Year)

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

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

1. Do you have difficulty doing strenuous (great effort) exercise? YES / NO

2. Have you been told **NOT** to participate in long distance runs, such as a 1.5-mile-run? 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 a serious accident in the last three months? YES / NO

6. Do you use tobacco of any kind? YES / NO

7. Have you experienced chest, neck, and jaw or arm discomfort while doing physical activity? YES / NO

8a. **DO YOU HAVE ASTHMA OR ARE YOU USING AN INHALER TO AID IN 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. In 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

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 high blood pressure or are you on 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 any 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 strenuous exercises? YES / NO

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

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

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**Part B** – **If any question in section A is answered "YES", a school physical form signed by a Medical Professional must be** **provided indicating the student is cleared for participation in P.E. Class and a 1-mile run.**

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**Signature of Medical Practitioner** Printed Name of Practitioner Date

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NJROTC Unit Instructor/ Date / Printed Name of Instructor