## HILLSBOROUGH COUNTY ARMY JROTC

## CADET PARTICIPATION CONSENT HEALTH SCREENING QUESTIONAIRE

## Parent/Guardian

By granting permission, you understand there are risks associated with any physical activity. It is your responsibility to inform the Army JROTC instructors of anything that should keep your child from participating in the Army JROTC physical fitness training. In the event of a medical problem, you understand that any medical care that may be required is your personal financial responsibility.		
	has permission to participate in physical fitn	ess training.
(Printe	d name of Cadet)	
Last Na	ame/First Name/Middle Initial	
Printed	d Name Parent/Guardian: Signature	
Date: _		
It is mandatory to complete this screening form prior to participating in physical fitness training.		
1)	Has there been any significant change to your health in the past 6 months?	(Circle One) Yes – No
2)	Are you on any medical restrictions exempting you from PT activities?	Yes – No
3)	Has a physician ever indicated you have heart or breathing problems?	Yes – No
	a. Do you suffer from chest pains, especially during physical exertion?	Yes – No
	<ul><li>b. Do you feel faint or have dizzy spells during or after physical activities?</li><li>c. Do you have shortness of breath related to asthma or other conditions?</li></ul>	Yes – No Yes – No
4)	Have you experienced a significant weight change in the past six months?	Yes – No
5)	Have you ever been diagnosed or displayed symptoms of heat stress/illness?	Yes – No
6)	Do you take dietary, herbal, or nutritional supplements which contain:  Ephedra/Ephedrine, Guarana, Phenylephrine, or Pseudoephedrine?  If "Yes" please list	Yes – No

Note: If the cadet's health status changes, the cadet will notify the Army JROTC Instructors.

If "Yes" please list \_\_\_\_\_

This form is to gather information for use to screen cadets prior to participation in Army JROTC physical training activities. The Privacy Act of 1974 applies. It is for internal use and For Official Use Only (FOUO).

7) Do you have any other medical issues that may cause a safety concern? Yes – No