

HOME CAMPUS

CADET HEALTH/Wellness PROGRAM

CADET PARTICIPATION CONSENT HEALTH SCREENING QUESTIONNAIRE

UNIT: FL-956

AFJROTC Cadet Health/Wellness Program is designed to work with the cadet to help them improve their physical fitness. All physical activity sessions will be supervised and monitored by at least one of our instructors. These sessions include walking, running, and calisthenics exercises. The AFJROTC instructors have been trained in administering CPR if needed.

Parent/Guardian

By granting permission, we understand there are risks associated with any physical activity. It is our responsibility to inform the AFJROTC instructor of anything that should keep our child from participating in the AFJROTC Cadet Health/Wellness Program. In the event of a medical problem, we understand that any medical care that may be required is our personal financial responsibility.

_____ has permission to participate in the Cadet Health/Wellness Program **YES - NO**
(Printed Name of Cadet) (Circle one)
Last Name/First Name/Middle Initial _____
Printed Name Parent/Guardian: _____ Signature Parent/Guardian: _____
Dated: _____

It is mandatory to complete this screening form prior to participating in the Cadet Health/Wellness Program.

Return this completed questionnaire to your SASI or ASI, and advise them if you responded "Yes" to any of the questions below.

- (Circle one)
1. Has there been any significant change to your health in the past 6 months? **YES - NO**
 2. Are you currently on a medical profile exempting you from PT activities? **YES - NO**
 3. Has a physician ever indicated you have heart disease, heart or breathing troubles? **YES - NO**
 - a. Do you suffer from pains in your chest, especially with physical activity? **YES - NO**
 - b. Do you feel faint or have dizzy spells during or after physical activity? **YES - NO**
 - c. Do you have shortness of breath related to asthma or any other condition that exercise could aggravate? **YES - NO**
 4. Have you experienced a significant weight change in the past 6 months? **YES - NO**

If "Yes", indicate the estimated amount: Gained / Lost _____ lbs.
 5. Have you ever been diagnosed or displayed symptoms of heat stress? **YES - NO**
 6. Do you take any dietary, herbal or nutritional supplements, which contain any of the following
Substances: Ephedra/Ephedrine, Guarana, Phenylephrine, Pseudoephedrine? **YES - NO**

If "Yes" please list: _____
 7. Do you have any other medical issues that may cause a safety concern during physical exercise? **YES - NO**
(i.e., allergies, pregnancy, etc.)

If "YES" please list: _____

Note: If a cadet's health status changes during this school year cadet will notify AFJROTC instructor

This form is to gather information to be used for screening a candidate for participation as an AFJROTC cadet in the following areas:
AFJROTC Cadet Health Wellness Program, Photo Consent and Cadet Access Module participation. This form is for internal use only

The Privacy Act of 1974 applies. The information herein is For Official Use Only (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C. § 522) and/or the Privacy Act of 1974 (5 U.S.C., §552a), as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.