## **Fitness Screening Questionnaire**

You are being asked these questions for your safety and health. The AF Fitness Assessment (FA) is a maximum-effort test. Airmen who have not been exercising regularly and/or have other risk factors for a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. Answering these questions honestly is in your best interest.

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	you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for
	icted participation in a physical training program?
	explained chest discomfort with or without exertion
	usual or unexplained shortness of breath
• Di	zziness, fainting, or blackouts associated with exertion
46	her medical problems that have not been evaluated, optimally treated, or not already addressed in an AF Form 9, that may prevent you from safely participating in this test (e.g. heart disease, sickle cell trait, asthma, etc.). mily history of sudden death before the age of 50 years
	<ul> <li>es: Stop. Notify your UFPM and contact your PCP/MLO for evaluation/recommendations (or for ARC, contact the MLO for Duty Limiting Conditions (DLC) documentation and referral to PCP). Hand carry this form to medical evaluation.</li> <li>o: Proceed to next question.</li> </ul>
2. Are vo	ou 35 years of age or older?
	Yes: Proceed to next question.
	No: Stop. Sign form and return to your UFPM. Member may take the FA.
	you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to marked increases in ng and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months?
	Yes: Stop. Sign form and return to your UFPM. Member may take the fitness assessment.  No: Proceed to the next question.
4. Do on	e (1) or more of the following risk factors apply to you?
	Smoked tobacco products in the last 30 days Diabetes
	High blood pressure that is not controlled
	High cholesterol that is not controlled
	Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)
	Age > 45 years for males; > 55 years for females
	Yes: Stop and notify UFPM.
	No: Stop. Sign form and return to your UFPM. Member will take the FA.
If meml	per experiences any of the symptoms listed in Question #1 during the fitness assessment, he/she should sto the test immediately and seek medical attention immediately
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Signat	ure: Date:

Authority: 10 USC 8013. Routine Use: This information is not disclosed outside DoD. Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.

Rank: \_\_\_\_\_

Office Symbol: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Duty Phone: \_\_\_\_\_