

NJROTC Health Screening Form

Cadet Information

Last Name:	NJROTC Unit:
First Name:	Paloma Valley High School
Date of last pre-participation physical:	Today's Date:

Health Screening Questions

Y/N

1) Do you have difficulty doing strenuous (great effort) exercise?	
2) Have you been told NOT to participate in long distance runs, such as 1.5 mile runs, by a physician?	
3) Have you been told NOT to do curl-ups or push-ups by a physician?	
4) Do you exercise for at least thirty minutes at a time less than three times a week?	
5) Have you broken any bones or had a serious accident within the last three months?	
6) Do you use tobacco of any kind?	
7) Have you experienced chest, neck, jaw or arm discomfort while doing physical activity?	
8) Do you have asthma, or are you using an inhaler to aid in breathing?	
9) Do you experience shortness of breath with relatively low levels or exercise or exertion?	
10) In the last month, have you felt any chest pain while at rest?	
11) Do you have any known cardiac (heart) disease?	
12) Do you think you are overweight?	
13) Do you have dizzy/fainting spells, frequent headaches, or frequent back pains?	
14) Have you ever experienced dehydration after strenuous physical exercise?	
15) Are you currently under treatment by a physician or other medical practitioner?	
16) Has your mother/sister died without any explanation/suffered a heart attack before the age of 55?	
17) Has your father/brother died without any explanation/suffered a heart attack before the age of 45?	
18) Do you have high blood pressure or are you on blood pressure medication?	
19) Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication?	
20) Do you have sugar diabetes?	
21) Have you ever experienced episodes of rapid breathing or fluttering of the heart?	
22) Do you suffer from lower leg swelling of both legs?	
23) Do you have difficulty breathing or have sudden breathing problems at night?	
24) Do you have a personal history of metabolic disease (thyroid, renal, liver, etc)?	
25) Do you have a bone, joint, or muscle problem that prevents you from doing strenuous exercises?	
26) Have you unintentionally lost/gained more than 10% of your body weight since your last PFT?	
27) Have you been diagnosed with the Sickle Cell Trait?	

Cadet Signature: _____ Parent Signature: _____

Part B: If any of the above questions are answered with a YES, then the following section must be completed and signed by a medical doctor or registered school nurse:

Significant clinical history/medication/treatment regimen for above person:

Is this person recommended/released for participation in strenuous exercises including a 1.5 mile run? (YES) (NO)

Signature of Medical Practitioner: _____ Date: _____