NJROTC HEALTH RISK SCREENING QUESTIONNAIRE

Cadet Name:_____(Printed Name)

NJROTC Unit: Loudoun County High School, Leesburg, VA (UIC: 34274)

Date of your most recent pre-participation sports physical examination_____

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

Directions: Please answer **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-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, jaw or arm discomfort while doing physical activity? ☐**Yes** ☐**No**
8. Do you have asthma or are you using an inhaler to aid in breathing? ☐**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**

_____ _____

Cadet Signature Date Parent/Guardian Signature Date

Part B - If any of the answers to the questions above were **YES,** request that the following section be completed and signed by a licensed medical doctor or registered school nurse:

Significant clinical history and/or current medication and treatment regimen of the above cadet: (Use reverse side if necessary)

Recommended/released for participation in strenuous physical activities including the 1.5-mile-run? ☐**Yes** ☐**No**

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Signature of Medical Practitioner Date

CNET Form 1533/106 (09-02)