NJROTC HEALTH RISK SCREENING QUESTIONNAIRE

Cadet Name: _____(Printed Name)

NJROTC Unit: Poinciana High School

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**
28.	Do you have a current prescription for epinephrine (or “epi” pen) for situational use?	☐ **Yes** ☐ **No**

If you answered yes to any question please continue to the second page.

Cadet Signature Date Parent/Guardian Signature Date

Cadet Name:

Part B – TO BE COMPLETED BY A LICENSED MEDICAL PRACTITIONER

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 below as neccessary)

Recommended/released for participation in strenuous physical activities including the 1.0-mile-run? ☐ **Yes** ☐ **No**

Signature of Medical Practitioner Date