HEALTH RISK SCREENING QUESTIONNAIRE

CADET NAME: _________________________________________________________

SCHOOL NAME: ________________________________________________________

Date of cadet’s most recent pre-participation sports physical: ________________

PART A – TO BE COMPLETED BY THE CADET AND PARENT/GUARDIAN
(Circle the appropriate response to EACH question)

1. Have you had a medical illness, injury or surgery since your last check up or sports physical?  Yes  No
2. Do you have difficulty doing strenuous (great effort) exercise?  Yes  No
3. Do you have a medical notice from your physician to NOT to participate in long distance runs, such as a 1-mile-run?  Yes  No
4. Do you have a medical notice from your physician that you are NOT to do curl-ups or push-ups?  Yes  No
5. Do you exercise less than three times per week for at least thirty minutes?  Yes  No
6. Have you had any broken bones, a serious accident, or any type of surgery in the last six months?  Yes  No
7. Do you use tobacco of any kind?  Yes  No
8. Have you experienced chest, neck, jaw or arm discomfort while doing physical activity?  Yes  No
9. Do you have difficulty breathing or have sudden breathing problems at night?  Yes  No
10. Has Asthma ever been documented in any of your medical records growing up?  Yes  No
11. Do you currently have Asthma?  Yes  No
12. Are you using an inhaler to aid in breathing?  Yes  No
13. Do you experience any shortness of breath with relatively low levels of exercise or exertion?  Yes  No
14. Have you felt any chest pain at rest?  Yes  No
15. Do your medical records contain any known cardiac (heart) disease?  Yes  No
16. According to the Navy’s height/weight table published on line at: https://www.navycs.com/navyheightweightchart.html are you overweight?  Yes  No
17. Has your physicians limited any activity due to dizzy/fainting spells, frequent headaches, or frequent back pains?  Yes  No
18. Have you ever experienced dehydration after strenuous physical exercise that has resulted in your physician now recommending or limiting certain physical activities?  Yes  No
19. Are you currently under treatment by a physician or other medical practitioner?  Yes  No
20. Has your mother or sister died without any explanation or suffered a heart attack before the age of 55?  Yes  No
21. Has your father or brother died without any explanation or suffered a heart attack before the age of 45?  
   Yes   No
22. Do you have high blood pressure or are you on blood pressure medication?  
   Yes   No
23. Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication?  
   Yes   No
24. Do you have diabetes?  
   Yes   No
25. Have you experienced episodes of rapid beating or fluttering of the heart?  
   Yes   No
26. Do you suffer from lower leg swelling of both legs?  
   Yes   No
27. Is there any history of metabolic disease (thyroid, renal, liver) listed in any of your medical records?  
   Yes   No
28. Do you have a bone, joint, or muscle problem that prevents you from doing strenuous exercises?  
   Yes   No
29. Have you unintentionally lost/gained more than 10 percent of your body weight since your last PFA?  
   Yes   No
30. Have you ever been diagnosed with Sickle Cell Trait?  
   Yes   No
31. Do you have a current prescription for epinephrine (or “epi” pen) for situational use?  
   Yes   No
32. Are you currently taking any prescription or non-prescription (over the counter) medications or pills?  
   Yes   No
33. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters, pressure sores, or bites) of any kind?  
   Yes   No
   If Yes, Please specify:
   ____________________________________________________________
34. Have you ever become ill from exercising in the heat?  
   Yes   No

______________________________________________________________  __________________________
Cadet Signature/Date                     Parent/Guardian Signature/Date

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PART B – TO BE COMPLETED BY A LICENSED MEDICAL PRACTITIONER
(If any of the answers to the questions above were YES, the following section must be completed and signed by a licensed medical practitioner)

1. List significant clinical history and/or current medication and treatment regimen of the above cadet: (Use below as necessary)

2. Recommended/released for participation in strenuous physical activities including the mile run.

   Yes   No
   ____________________________  ____________________________
Signature of Medical Practitioner           Date