HEALTH RISK SCREENING QUESTIONAIRE

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 <u>any type of</u> 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) <u>of any kind</u>?	**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

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