

## FITNESS SCREENING QUESTIONNAIRE

You are being asked these questions for your safety and health. The AF Fitness Assessment is a maximum-effort test. Airmen who have not been exercising regularly and/or have other risk factors for a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. Answering these questions honestly is in your best interest.

1. **Have you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for unrestricted participation in a physical training program?**

a. Unexplained chest discomfort with or without exertion  Yes  No

b. Unusual or unexplained shortness of breath  Yes  No

c. Dizziness, fainting, or blackouts associated with exertion  Yes  No

d. Other medical problems, not already addressed in an AF Form 469, that may prevent you from safely participating in this test or achieving a satisfactory score  Yes  No

**Yes: Stop.** Notify your UFPM and contact your PCP/MLO for evaluation/recommendations (or for ARC, contact the MLO for Duty Limiting Conditions (DLC) documentation and referral to PCP).

**No: Proceed to next question.**  No

**Are you 35 years of age or older?**

**Yes:** Proceed to next question.  Yes

**No:** Stop. Sign form and return to your UFPM. Member may take the fitness assessment  No

**Have you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to marked increases in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months?**

**Yes: Stop.** Sign form and return to your UFPM. Member may take the fitness assessment.  Yes

**No:** Proceed to the next question  No

**Do one (1) or more of the following risk factors apply to you?**

a. Smoked tobacco products in the last 30 days  Yes  No

b. Diabetes  Yes  No

c. High blood pressure that is not controlled  Yes  No

d. High cholesterol that is not controlled  Yes  No

e. Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)  Yes  No

f. Age > 45 years for males; > 55 years for females  Yes  No

**Yes: Stop** and notify UFPM.  Yes

**No:** Stop. Sign form and return to your UFPM. Member may take the FA.  No

**Notes:** RegAF or ANG (Title 10) statutory tour and AGR: If member was cleared for entry into a fitness program at their last PHA and their PHA is current, the member will take the fitness assessment. If not cleared, member will be referred to PCM for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the FA.

AFR: If member was cleared for participation into a fitness program at a PHA within the last 12 months, the member will take the fitness assessment. If not previously cleared, member will be referred to PCP for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the fitness assessment. Refer to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

ANG (Title 32): Refer to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

**If member experiences any of the symptoms listed in Question #1 during the fitness assessment, they should stop the test immediately and seek medical attention immediately.**

(OVER)

Member Signature: \_\_\_\_\_  
Member Printed Name: \_\_\_\_\_  
Duty Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Office Symbol: \_\_\_\_\_

Authority: 10 USC 8013. Routine Use: This information is not disclosed outside DoD. Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.

**Medical Evaluation (Only applicable to those who marked Yes on Question 1)**

If medical evaluation is required IAW this FSQ, the provider will complete the following.

\*\*\*\*\*

I medically evaluated \_\_\_\_\_ on \_\_\_\_\_.  
(rank, name) (date)

Medical recommendations are:

- Member (is/is not) medically cleared for the maximal effort 1.5-mile run.
- Member (is/is not) medically cleared for the maximal effort 1.0-mile walk.
- Member (is/is not) medically cleared for push-ups.
- Member (is/is not) medically cleared for sit-ups.

**NOTE:** An AF Form 469 has been initiated if appropriate. Airmen with fitness limitations greater than 30 days must be referred to the EP/FPM for fitness prescription IAW AFI 36-2905.

\_\_\_\_\_  
(Signature/Stamp of Provider)