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?
   - Unexplained chest discomfort with or without exertion
   - Unusual or unexplained shortness of breath
   - Dizziness, fainting, or blackouts associated with exertion
   - Other medical problems that may prevent you from safely participating in this test
   □ Yes: Stop. Notify your Flight Commander and contact the IDMT office for evaluation/recommendations
   □ No: Proceed to next question.

2. Are you 35 years of age or older?
   □ Yes: Proceed to next question.
   □ No: Stop. Sign form and return to the IDMT. Member may take the fitness assessment.

3. 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 the IDMT. Member may take the fitness assessment.
   □ No: Proceed to the next question.

4. Do one (1) or more of the following risk factors apply to you?
   - Smoked tobacco products in the last 30 days
   - Diabetes
   - High blood pressure that is not controlled
   - High cholesterol that is not controlled
   - Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)
   - Age > 45 years for males; > 55 years for females
   □ Yes: Stop. Notify your Flight Commander and contact the IDMT office for evaluation/recommendations
   □ No: Stop. Sign form and return to the IDMT. Member may take the fitness assessment.

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.

Signature: ___________________________ Date: ________
Printed Name: ________________________ Rank: ________
Flight: ___________ Flight Commander ________________________
- RegAF: 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 fitness assessment.

- AFR: If member was cleared for entry 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. Member begins a one-time 90-day Fitness Assessment Deferral and is provided Fitness Assessment Deferral Guidance (Attachment 5).

- ANG: Member begins a one-time 90-day Fitness Assessment Deferral and is provided Fitness Assessment Deferral Guidance (Attachment 5). 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.

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

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.

Signature: ____________________________ Date: __________
Printed Name: ____________________________ Rank: __________
Duty Phone: ____________________________ 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.