**NJROTC HEALTH RISK SCREENING QUESTIONNAIRE**

Cadet Name:_____(Printed Name)
Last Name First Name Middle Initial

NJROTC Unit: **Cortez 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? _____
2. Have you been told **NOT** to participate in long distance runs, such as a 1.0-mile-run? _____
3. Have you been told **NOT** to do curl-ups or push-ups by a physician or other medical professional? _____
4. Do you exercise less than three times per week for at least thirty minutes? _____
5. Have you had any broken bones or a serious accident in the last three months? _____
6. Do you use tobacco of any kind? _____
7. Have you experienced chest, neck, jaw or arm discomfort while doing physical activity? _____
8. Do you have asthma or are you using an inhaler to aid in breathing?_____
9. Do you experience any shortness of breath with relatively low levels of exercise or exertion?_____
10. In the last month have you felt any chest pain at rest? _____
11. Do you have any known cardiac (heart) disease? _____
12. Do you think you are overweight? _____
13. Do you have dizzy/fainting spells, frequent headaches, or frequent back pains? _____
14. Have you ever experienced dehydration after strenuous physical exercise? _____
15. Are you currently under treatment by a physician or other medical practitioner? _____
16. Has your mother or sister died without any explanation or suffered a heart attack before the age of 55? _____
17. Has your father or brother died without any explanation or suffered a heart attack before the age of 45? _____
18. Do you have high blood pressure or are you on blood pressure medication? _____
19. Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication? _____
20. Do you have sugar diabetes? _____
21. Have you experienced episodes of rapid beating or fluttering of the heart? _____
22. Do you suffer from lower leg swelling of both legs? _____
23. Do you have difficulty breathing or have sudden breathing problems at night? _____
24. Do you have any personal history of metabolic disease (thyroid, renal, liver)? _____
25. Do you have a bone, joint, or muscle problem that prevents you from doing strenuous exercises? _____
26. Have you unintentionally lost/gained more than 10 percent of your body weight since your last PFT? _____
27. Have you ever been diagnosed with Sickle Cell Trait?_____

_____ _____
Cadet Signature Date Parent/Guardian Signature Date

**Part B** - 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 reverse side if necessary)

Recommended/released for participation in strenuous physical activities including the 1.0-mile-run? YES NO

_____
Signature of Medical Practitioner Date

CNET Form 1533/106 (09-02)