

NJROTC HEALTH RISK SCREENING QUESTIONNAIRE

A16 Summer Leadership Camps

→ CADET NAME: _____ DATE: _____ ←

→ SCHOOL NAME: _____

→ Date of cadet's most recent preparticipation 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

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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
*35. Do you have a history of seizures?	*Yes	No
*36. Are you pregnant?	*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 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. (Continue on separate page if necessary.)

***Blocks 10, 11, 15, 31, 35, and 36 are disqualifying conditions for Summer Leadership Camps.**

2. Released for participation in strenuous physical activities including the mile run.

→ **Yes** **No**

→ _____ → _____
Printed Name and Signature of Medical Practitioner Date