

## 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.

<b>1. Have you experienced any of the symptoms/problems listed below and <u>not</u> been medically evaluated and cleared for unrestricted participation in a physical training program?</b>	
a. Unexplained chest discomfort with or without exertion	
b. Unusual or unexplained shortness of breath	
c. Dizziness, fainting, or blackouts associated with exertion	
d. Other medical problems that have not been evaluated, optimally treated, or not already addressed in an AF Form 469, that may prevent you from safely participating in this test (e.g. heart disease, sickle cell trait, asthma, etc)	
e. Are you taking any medication that may affect the heart rate or the heart's response to exercise?	
<b>Yes:</b> Stop. If you have answered <b>Yes</b> to any of the Above Questions, <b>circle the symptom and notify your UFPM</b> and contact your PCP/MLO for evaluation/recommendations (or for ARC, contact the MLO for Duty Limiting Conditions (DLC) documentation and referral to PCP). Hand carry this form to medical evaluation	<input type="checkbox"/>
<b>No:</b> Proceed to next question.	<input type="checkbox"/>

<b>2. Can you verify that you know your sickle cell trait (SCT) screening test result and that if you have SCT, you completed at least 2 counseling sessions with a health care provider and watched the educational video within the past year (<a href="https://www.hprc-online.org/articles/sickle-cell-trait-awareness">https://www.hprc-online.org/articles/sickle-cell-trait-awareness</a> OR <a href="https://www.youtube.com/watch?v=8s9nKcFd-Fk">https://www.youtube.com/watch?v=8s9nKcFd-Fk</a>) SCT screening results can be located at <a href="https://imr.afms.mil/imr/myIMR.aspx">https://imr.afms.mil/imr/myIMR.aspx</a></b>	YES	NO
<b>Yes:</b> Proceed to next question.	<input type="checkbox"/>	<input type="checkbox"/>
<b>No:</b> Stop and notify your UFPM and your Primary Care Provider	<input type="checkbox"/>	<input type="checkbox"/>

<b>3. Are you 35 years of age or older?</b>	YES	NO
<b>Yes:</b> Proceed to next question.	<input type="checkbox"/>	<input type="checkbox"/>
<b>No:</b> Stop. Sign form and return to your UFPM. Airman may take the fitness assessment	<input type="checkbox"/>	<input type="checkbox"/>

<b>4. Have you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to marked increase in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months?</b>	YES	NO
<b>Yes:</b> Stop. Sign form and return to your UFPM. Airman may take the fitness assessment.	<input type="checkbox"/>	<input type="checkbox"/>
<b>No:</b> Proceed to the next question	<input type="checkbox"/>	<input type="checkbox"/>

<b>5. Do one (1) or more of the following risk factors apply to you?</b>	
a. Smoked tobacco products in the last 30 days	
b. Diabetes	
c. High blood pressure that is not controlled	
d. High cholesterol that is not controlled	
e. Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)	
f. Age > 45 years for males; > 55 years for females	
<b>Yes:</b> Stop. If you have answered <b>Yes</b> to any of the Above Questions <b>circle the Risk Factor and notify your UFPM</b>	<input type="checkbox"/>
<b>No:</b> Stop. Sign form and return to your UFPM. Airman may take the FA.	<input type="checkbox"/>

**Reg AF and ANG (Title 10 status):** If the Airman was cleared for entry into a physical fitness program at his or her last Physical Health Assessment (PHA) and his or her PHA is current, the Airman will take the FA. If not cleared, refer the Airman to their PCM for evaluation, and, if medically cleared for unrestricted physical fitness program, the Airman will take the FA.

**AFR:** If the Airman was cleared for participation into a Physical fitness program during a PHA within the last 12 months, the Airman will take the FA. If not previously cleared, the Airman will be referred to PCP for evaluation, and, if medically cleared for unrestricted physical fitness program, the Airman will take the FA. Refer the Airman 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 Status):** Refer the Airman 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: \_\_\_\_\_ Duty Ph: \_\_\_\_\_ Date: \_\_\_\_\_  
Member Printed Name: \_\_\_\_\_ 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)