

# AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

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| 1. CADET/APPLICANT NAME<br><div style="font-size: 1.2em; font-family: cursive;">Christopher Gittleson</div> | 2. AFROTC DETACHMENT |
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MEDICAL AUTHORITY: Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 3. CADET/APPLICANT MEASUREMENTS                                                                                                                                                                                                                                                                            | HEIGHT<br><div style="font-size: 1.2em; font-family: cursive;"><del>194.3</del> 74.6</div> | WEIGHT<br><div style="font-size: 1.2em; font-family: cursive;">194.3 lb</div> |
| 4. AIR FORCE WEIGHT STANDARDS<br>(found on reverse)                                                                                                                                                                                                                                                        | MINIMUM<br><div style="font-size: 1.2em; font-family: cursive;">148</div>                  | MAXIMUM<br><div style="font-size: 1.2em; font-family: cursive;">210</div>     |
| 5. BODY FAT MEASUREMENT                                                                                                                                                                                                                                                                                    | 6. BODY FAT STANDARDS:<br>FEMALE - 28%<br>MALE - 20%                                       |                                                                               |
| 7. CHECK APPLICABLE BOX<br><div style="font-size: 1.2em; font-family: cursive;">BMI 24.52</div><br><input checked="" type="checkbox"/> IS WITHIN AIR FORCE WEIGHT STANDARDS<br><input type="checkbox"/> EXCEEDS AIR FORCE WEIGHT STANDARDS<br><input type="checkbox"/> IS BELOW AIR FORCE WEIGHT STANDARDS |                                                                                            |                                                                               |

8 MEDICAL AUTHORITY: PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

I, (print name) Carol Stewart, CAPT, HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

9 (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)

I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. \_\_\_\_\_ (Medical Authority Initials)

10. (IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)

I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. \_\_\_\_\_ (Medical Authority Initials)

11. (FOR ALL CADETS/APPLICANTS)

I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:

BP slightly elevated. w/ re-evaluate in 2 wks

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| EXAMINATION DATE                                                                                                                                                                                      | PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE                                    |
| <div style="font-size: 1.2em; font-family: cursive;">7-27-17</div>                                                                                                                                    | <div style="font-size: 1.2em; font-family: cursive;">C. Stewart, CAPT</div> |
| AFROTC CADRE: A DISQUALIFIED DODMERB OR MEPS PHYSICAL SUPERSEDES THIS FORM. A CADET MAY NOT PARTICIPATE IN THE AFROTC PHYSICAL TRAINING PROGRAM IF THEY HAVE A DISQUALIFIED DODMERB OR MEPS PHYSICAL. |                                                                             |
| DATE                                                                                                                                                                                                  | AFROTC CADRE SIGNATURE                                                      |
|                                                                                                                                                                                                       |                                                                             |