

AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME

2. AFROTC DETACHMENT

MEDICAL AUTHORITY: Measure height and weight of cadet/applicant. Compare results to AF standards located below.

AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW 1308.3, then check the applicable block

3. CADET/APPLICANT MEASUREMENTS

HEIGHT

WEIGHT

4. AIR FORCE WEIGHT STANDARDS
Reference Tables on Page 2

MINIMUM

MAXIMUM

5. BODY FAT MEASUREMENT
MALES: WAIST - NECK
FEMALES: WAIST + HIP - NECK

Note: To be done if candidate exceeds maximum AF weight

AIR FORCE BODY FAT STANDARDS

FEMALE

29 YEARS AND YOUNGER - 28%

30 YEARS AND OLDER - 32%

MALE

29 YEARS AND YOUNGER - 20%

30 YEARS AND OLDER - 24%

6. CHECK APPLICABLE BOX

IS WITHIN AIR FORCE WEIGHT STANDARDS

EXCEEDS AIR FORCE WEIGHT STANDARDS

IS BELOW AIR FORCE WEIGHT STANDARDS

MEDICAL AUTHORITY CERTIFICATION

7. **(FOR MEDICAL AUTHORITY):** PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN AT THE BOTTOM.

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

8. **(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 ANOREXIA OR BULIMIA EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. _____ *(Medical Authority Initials)*

9. **(FOR CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)**

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

10. **(FOR ALL)**

I **FOUND** / **DID NOT FIND** *(please circle one)* MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM.

11. **NOTE:** IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN.

PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE

EXAMINATION DATE