

# HEALTH RISK SCREENING QUESTIONNAIRE

CADET NAME: \_\_\_\_\_

SCHOOL NAME: Brother Martin High School



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 <b>NOT</b> 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 <b>NOT</b> 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: <a href="https://www.navycs.com/navyheightweightchart.html">https://www.navycs.com/navyheightweightchart.html</a> 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?	<b>Yes</b>	<b>No</b>
27. Is there any history of metabolic disease (thyroid, renal, liver) listed in any of your medical records?	<b>Yes</b>	<b>No</b>
28. Do you have a bone, joint, or muscle problem that prevents you from doing strenuous exercises?	<b>Yes</b>	<b>No</b>
29. Have you unintentionally lost/gained more than 10 percent of your body weight since your last PFA?	<b>Yes</b>	<b>No</b>
30. Have you ever been diagnosed with Sickie Cell Trait?	<b>Yes</b>	<b>No</b>
31. Do you have a current prescription for epinephrine (or "epi" pen) for situational use?	<b>Yes</b>	<b>No</b>
32. Are you currently taking any prescription or non-prescription (over the counter) medications or pills?	<b>Yes</b>	<b>No</b>
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>	<b>Yes</b>	<b>No</b>
If <b>Yes</b> , Please specify: _____		
34. Have you ever become ill from exercising in the heat?	<b>Yes</b>	<b>No</b>

\_\_\_\_\_  
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.)

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

**Yes      No**

\_\_\_\_\_  
Printed Name and Signature of Medical Practitioner

\_\_\_\_\_  
Date