

FITNESS SCREENING QUESTIONNAIRE

You are being asked these questions for your safety and health. The AF Fitness Assessment (FA) 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.

1. Have you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for unrestricted participation in a physical training program?

- 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. Family history of sudden death before the age of 50 years

- Yes:** Stop. Notify your UFPM 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.
- No:** Proceed to next question.

2. Are you 35 years of age or older?

- Yes:** Proceed to next question.
- No:** Stop. Sign form and return to your UFPM. Member may take the FA.

3. Have you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to marked increases in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months?

- Yes:** Stop. Sign form and return to your UFPM. Member may take the fitness assessment.
- No:** Proceed to the next question.

4. Do one (1) or more of the following risk factors apply to you?

- Smoked tobacco products in the last 30 days
- Diabetes
- High blood pressure that is not controlled
- High cholesterol that is not controlled
- Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)
- Age > 45 years for males; > 55 years for females

- Yes:** Stop and notify UFPM.

NOTE: RegAF and ANG (Title 10 status): If member was cleared for entry into a fitness program at his/her last physical health assessment (PHA) and his/her PHA is current, the member will take the FA. If not cleared, refer member to PCM for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the FA.

AFR: If member was cleared for participation into a fitness program at a PHA within the last 12 months, the member will take the FA. If not previously cleared, member will be referred to PCP for evaluation and, if medically cleared for unrestricted fitness program, the member will take the FA. Refer member 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 member 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.

No: Stop. Sign form and return to your UFPM. Member will take the FA.

If member experiences any of the symptoms listed in Question #1 during the fitness assessment, he/she should stop the test immediately and seek medical attention immediately.

Signature: _____ Date: _____

Printed Name: _____ Rank: _____

Duty Phone: _____ 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 if member marked Yes on Question 1; provider answers all 4 statements)

If medical evaluation is required IAW this FSQ, the provider will complete the following.

I medically evaluated _____ on _____. Medical recommendations are:
(rank, name) (date)

Member (is/is not) medically cleared for the maximal effort 1.5-mile run.

Member (is/is not) medically cleared for the maximal effort 2.0-kilometer 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 for greater than 30 days must be referred to the EP/FPM for fitness prescription IAW AFI 36-2905.

(Signature/Stamp of Provider)

**AIR FORCE FITNESS ASSESSMENT SCORECARD
PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 8013 and Executive Order 9397 (SSN).
 PURPOSE: Information is used to positively identify an individual prior to administration of the Air Force Fitness Assessment (FA).
 ROUTINE USE: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information

Rank / Name: _____ Unit: _____ Duty Phone: _____

E-mail: _____ SSN: _____ Age: _____ (years)

Height: _____ (inches) Weight: _____ (lbs) FSQ Date: _____ Test Date: _____

Aerobic Component exemption:

Y / N Date Start: _____ Date End: _____

Push-up exemption: Y / N Date Start: _____ Date End: _____

Sit-up exemption: Y / N Date Start: _____ Date End: _____

Abdominal circumference exemption: Y / N Date Start: _____ Date End: _____

Component	Measurement / Reps / Time	Score	Minimum Value Met?
Abdominal Circumference (inches)	1: _____ 2: _____ 3: _____ Average: _____		Y / N
Push-ups (reps)			Y / N
Sit-ups (reps)			Y / N
1.5-Mile Run / 2.0-Kilometer Walk (mins:secs)	Time: _____ : _____		Y / N

Total Score: _____ of _____ Category (circle one): Unsatisfactory / Satisfactory / Excellent

I acknowledge the above information reflects my performance today. I also understand I may address discrepancies IAW the guidance in AFI 36-2905 on removing FA scores. NOTE: Refusal to sign does not invalidate the test; score will be updated in Air Force Fitness Management System (AFFMS).

TEST MEMBER: _____ DATE: _____
SIGNATURE

TEST ADMINISTRATOR: _____ DATE: _____

AFFMS RECORDER: PRINT _____ SIGNATURE _____ DATE: _____
PRINT _____ SIGNATURE _____

I experienced an injury or illness during this FA and will immediately pursue evaluation at the Medical Treatment Facility. I understand this FA will count unless rendered invalid by the Unit Commander within 5 duty days (conclusion of next UTA for non-AGR ARC Airmen). If no request to invalidate this FA is received by the Fitness Assessment Cell (FAC) from the Commander by the 6th duty day (conclusion of

*FAC Augmentee signature: _____ DATE: _____

*FAC Augmentee (or UFPF if no FAC exists) will only sign above if member checks block indicating presence of illness or injury during test. FAC signature acknowledges the requirement to hold score for 5 duty days (AFFMS input on 6th duty day) For non-AGR ARC Airmen, FAC staff will hold scores until the next UTA and enter scores into AFFMS upon conclusion of that UTA.

I have received and considered the provided medical documentation and render this test invalid due to injury/illness

UNIT COMMANDER: _____ DATE: _____
PRINT SIGNATURE