

**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 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.

3. CADET/APPLICANT MEASUREMENTS

HEIGHT

WEIGHT

4. AIR FORCE WEIGHT STANDARDS  
(found on reverse)

MINIMUM

MAXIMUM

5. BODY FAT MEASUREMENT

6. BODY FAT STANDARDS:  
FEMALE - 28%  
MALE - 20%

7. CHECK APPLICABLE BOX

- IS WITHIN AIR FORCE WEIGHT STANDARDS  
 EXCEEDS AIR FORCE WEIGHT STANDARDS  
 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)* \_\_\_\_\_, 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:

PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE

EXAMINATION DATE

**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.

AFROTC CADRE SIGNATURE

DATE