

**WELLNESS PROGRAM CADET PARTICIPATION CONSENT FORM WITH  
HEALTH SCREENING QUESTIONNAIRE**

AFJROTC Wellness Program is designed to work with your child to help them improve their physical fitness. All physical activity sessions will be supervised and monitored by at least one of our instructors. These sessions include walking, running; and calisthenics exercises. The AFJROTC instructors have been trained in administering CPR if needed. By granting permission, we understand there are risks associated with any physical activity. It is our responsibility to inform the JROTC instructors of anything that should keep my child from participating in the AFJROTC Wellness Program. In the event of a medical problem, we understand that any medical care that may be required is our personal financial responsibility.

\_\_\_\_\_ has permission to participate in the Wellness Program.      **YES - NO**

**It is mandatory to complete this screening form prior to participating in the Wellness Program. Return this completed questionnaire to your SASI or ASI, and advise them if you responded "yes" to any of the questions below.**

1. Has there been any significant change to your health in the past 6 months? **YES - NO**
2. Are you currently on a medical profile exempting you from PT activities? **YES - NO**
3. Has a physician ever indicated you have heart disease, heart or breathing troubles? **YES - NO**
  - a. Do you suffer from pains in your chest, especially with physical activity? **YES - NO**
  - b. Do you feel faint or have dizzy spells during or after physical activity? **YES - NO**
  - c. Do you have shortness of breath related to asthma or any other condition that exercise could aggravate? **YES - NO**
4. Have you experienced a significant weight change in the past 6 months? **YES - NO**
  - a. If "Yes", indicate the estimated amount gained or lost: \_\_\_\_ lbs.
5. Have you ever been diagnosed or displayed symptoms of heat stress? **YES - NO**
6. Females only: Are you pregnant or do you think you may be pregnant? **YES - NO**  
\*\*Note: check school policy before asking this question
7. Do you take any dietary, herbal or nutritional supplements, which contain any of the following substances: Ephedra/Ephedrine, Guarana, Phenylephrine, Pseudoephedrine? **YES - NO**
  - a. If "Yes," please list: \_\_\_\_\_
8. Do you have any other medical issues that may cause a safety concern during physical exer **YES - NO**
  - a. If "Yes," please list: \_\_\_\_\_

As a Cadet in JROTC, I know that it is my responsibility to monitor my individual physical performance during any activity and to inform the AFJROTC instructor of any problem.

\_\_\_\_\_  
(Printed Name of Cadet)

\_\_\_\_\_  
(Signature of Cadet)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

The Privacy Act of 1974 applies. The sole purpose of this form is to gather information to be used for screening a candidate for participation as an AFJROTC cadet in the AFJROTC Extreme E2C-Wellness Program. This form is for internal use only. Disclosure is voluntary; failure to disclose will result in the inability to participate in PT activities.