

FITNESS ASSESSMENT QUESTIONNAIRE

Title 10 STAT TOUR Only

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013 & EO 9397

PRINCIPLE PURPOSE: To process members into and through the Air National Guard Fitness Program. SSN is collected to identify the ANG Member in the ANG Fitness Program database.

ROUTINE USE: None.

DISCLOSURE: Voluntary. Failure to furnish information will not change your requirement to participate in the Air National Guard Fitness Program.

Today's Date: _____

Name: _____ **Rank:** _____ **Male** **Female**

SSN: _____ **Date of Birth:** _____ **Title 10 - STAT Tour**

Assigned Unit: _____ **Wing** (or equivalent): _____ **AFSC:** _____

Email Address: _____

Please use an address that you check frequently. Can be non-military.

FITNESS SCREENING QUESTIONS

IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, PLEASE NOTIFY YOUR UNIT FITNESS PROGRAM MANAGER (UFPM) AND CONTACT YOUR PRIMARY CARE MANAGER FOR EVALUATION.

	YES	NO
Do you have a health condition not addressed in a physical profile (AF Form 422) that could be aggravated by participating in your unit's physical training program/fitness testing or that would preclude your safe participation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience chest discomfort with exertion?	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience unusual shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience dizziness, fainting or blackouts?	<input type="checkbox"/>	<input type="checkbox"/>
Are you over 35 years old and are 2 or more of the following statements true?	<input type="checkbox"/>	<input type="checkbox"/>

- I am physically inactive, that is, have not participated in physical activities of at least a moderate level (i.e., that caused light sweating and slight-to-moderate increases in breathing or heart rate) for at least 30 minutes per session and for a minimum of 3 days per week for at least 3 months.

- I have smoked cigarettes in the last 30 days.

- I have high blood pressure that is not controlled.

- I have high cholesterol that is not controlled.

- I have a family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)

- I am a male with an abdominal circumference >40" or female with an abdominal circumference >35".

- I am a male 45 years or older or female 55 years or older.

HEALTHY HABIT QUESTIONS

		YES		NO
Do you smoke or use tobacco?		<input type="checkbox"/>		<input type="checkbox"/>
Are you a member of a health club?		<input type="checkbox"/>		<input type="checkbox"/>
How many times do you exercise in a typical week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1-2	3-4	5-7

ASSESSMENT SCORES

Height: feet inches

1/4

Waist: 1/2 inches

3/4

Weight: pounds

Run Time: minute seconds
(only if run completed)

Resting Pulse: 15 second count

Recovery Pulse: 1 minute count

Sit & Reach:

Before toes 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0

Touch toes

After toes
 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0

Push-ups: 1 minute

Crunches: 1 minute

Member Signature

Buddy Signature