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 located below.			
AFROTC CADRE: If cadet exceeds AF weight standards, conduct a Body Fat Measurement IAW 1308.3, the check the applicable block.			
3. CADET/APPLICANT MEASUREMENTS	HEIGHT:		WEIGHT:
AIR FORCE WEIGHT STANDARDS Reference tables on Page 2	MINIMUM:		MAXIMUM:
5. BODY FAT MEASUREMENT MALES: WAIST - NECK FEMALES: WASIT + HIP - NECK	Note: To be done if candidate exceeds maximum AF weight		
AIR FORCE BODY FAT STANDARDS	FEMALE 29 YEARS OLD AND YOUNGER- 28% 30 YEARS AND OLDER- 32%		MALE 29 YEARS AND YOUNGER- 20% 30 YEARS AND OLDER- 24%
6. CHECK APPLICABLE BOX:	☐ IS WITHIN AIR FORCE WEIGHT STANDARDS ☐ EXCEEDS AIR FORCE WEIGHT STANDARDS ☐ IS BELOW AIR FORCE WEIGHT STANDARDS		
MEDICAL AUTHORITY CERTIFICATION			
7. (FOR MEDICAL AUTHORITY): PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUSELING BELOW IN APPLICABLE AREAS, AND SIGN AT THE BOTTOM.			
I, (print name), HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:			
8. (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 ANOREXIA OR BULIMIA EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT(Medical Authority Initials)			
9. (FOR CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)			
I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT(Medical Authority Initials)			
10. (FOR ALL)			
I FOUND / DID NOT FIND (please circle one) MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM.			
11. NOTE : IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:			
PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE			EXAMINATION DATE