

## PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE

### Privacy Act Statement

**Authority:** Title 5, U.S. Code 301

**Principle Purpose:** To provide the Command Fitness Leader with the necessary information to screen personnel for potential health risks prior to physical readiness testing.

**Routine Use:** For officials and employees of the Department of the Navy in performing their official duties of administering the Health and Physical Readiness Program.

**Disclosure:** Disclosure is necessary to fully evaluate midshipmen readiness to participate in mandatory physical readiness testing. Failure to provide the requested information may preclude participation in physical readiness testing and may warrant further medical evaluation or administrative action.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_ PRT Cycle \_\_\_\_\_

### Coronary Artery Disease Risk Factors

- |   |     |    |
|---|-----|----|
| 1. Has anyone in your immediate family died from a heart condition or from sudden death before age 50 or been diagnosed with Marfan's syndrome? | Yes | No |
| 2. Has your healthcare provider said that you have a heart or other medical condition and limited what you should do?                           | Yes | No |
| 3. Do you feel pain in your chest when you do physical activity?  | Yes | No |
| 4. In the past month, have you had chest pain when you were NOT doing physical activity?  | Yes | No |
| 5. Have you ever become lightheaded or dizzy, passed out or nearly passed out during or after exercise?   | Yes | No |
| 6. Do you have a bone or joint problem (for example: back, knee, or hip) that could be made worse by a change in your physical activity?        | Yes | No |
| 7. Is your medical practitioner currently prescribing drugs (for example: water pills) for your blood pressure or heart condition?              | Yes | No |
| 8. Do you know of any reason why you should not do physical activity?   | Yes | No |
| 9. Are you a current smoker?  | Yes | No |

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMMAND FITNESS LEADER SIGNATURE

\_\_\_\_\_  
DATE

### MEDICAL (IF REQUIRED)

PARQ Screening completed on: \_\_\_\_\_

Member is cleared to participate in PRT:      Yes      No

Member had incurred waivers (see attached SF 600):      Yes      No

\_\_\_\_\_  
MEDICAL REPRESENTATIVE

\_\_\_\_\_  
DATE