

NROTC PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (NROTC PARFQ)

PRIVACY ACT STATEMENT

Authority: 10 USC 5013. Secretary of the Navy; OPNAVINST 6110.1 Series, Physical Readiness Program.

Primary Purpose: The NROTC PARFQ is a self-screening tool required of NROTC members prior to participating in official physical fitness assessments. The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the Annual Certificate of Physical Condition.

Routine Uses: Disclosures are permitted under 5 USC 552a(b), Privacy Act of 1974, as amended.

Disclosure: Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

1. Do any of the following apply to you? <i>(For Females Only)</i> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 90 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answer "Yes" to any of the above you are *NOT* authorized to participate in the Physical Fitness Assessment(PFA) this cycle. Obtain pregnancy notification from your Health Care Provider (HCP).

2. Were you waived from participation in any portion of the last PFA cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Are you requesting to be waived from participation in any portion of the current PFA cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Is your Annual Certificate of Physical Condition out of date (more than one year old or does not reflect your current physical condition)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were not evaluated by a health care provider? - Unexplained chest discomfort - Unusual or unexplained shortness of breath - Dizziness, fainting, or blackouts associated with exertion	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Have you been physically inactive AND have a family history of sudden death before the age of 50. Inactive - < 30 minutes of vigorous activity per session, 3 days per week over the past 3 months Vigorous activity - sweating and moderate to heavy increase in breathing and heart rate	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Does one or more of the following apply to you? - Used any tobacco products in the last 30 days - Diabetes - High Blood Pressure that is not controlled - Family history of heart disease at any age	<input type="checkbox"/> Yes <input type="checkbox"/> No
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A "YES" answer to any of the above indicates the you are not eligible to participate in this PFA Cycle unless cleared by your health care provider. If you cannot be cleared to fully participate, you must obtain a waiver recommendation from your health care provider for the non-cleared events.

Member Name (Last, First, MI)	PARFQ Date	Date of Annual Cert	Member Signature

PRT Participation Status

- Member has only "No" answers and is cleared for full participation.
- Member's "Yes" answers were evaluated by a health care provider and member is cleared for full participation.
- Based on health care provider recommendation, member is waived from participation in the following events:
 - Run/Cardio
 - Curl Ups
 - Push Ups

CFL Name	CFL Signature	Date