AIR FORCE RO	DTC PRE-PARTICIPATORY SPORTS	'S PHYSICAL		
1. CADET/APPLICANT NAME	2. AFROTC D	2. AFROTC DETACHMENT		
MEDICAL AUTHORITY: Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as				
requested below.				
AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.				
3. CADET/APPLICANT MEASUREMENTS	HEIGHT	WEIGHT		
4. AIR FORCE WEIGHT STANDARDS	MINIMUM	MAXIMUM		
(found on reverse)				
5. BODY FAT MEASUREMENT		6. BODY FAT STANDARDS: FEMALE - 28% MALE - 20%		
7. CHECK APPLICABLE BOX	IS WITHIN AIR FORCE WEI			
7. OHEORAFFEIGABLE BOX				
IS BELOW AIR FORCE WEIGHT STANDARDS				
8. MEDICAL AUTHORITY: PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.				
I, (print name), HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED				
HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RE				
9. (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STAI				
I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. (Medical Authority Initials)				
10. (IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)				
I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. (Medical Authority Initials)				
I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:				
PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE		EXAMINATION DATE		
AFROTC CADRE: A DISQUALIFIED DODMERB OR MEPS PHYSICAL SUPERSEDES THIS FORM. A CADET MAY NOT PARTICPATE IN THE AFROTC PHYSICAL TRAINING PROGRAM IF THEY HAVE A DISQUALIFIED DODMERB OR MEPS PHYSICAL.				
AFROTC CADRE SIGNATURE		DATE		

AFROTC	FORM 28,	20120712
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