

## AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME	2. AFROTC DETACHMENT
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**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 (found on reverse)	MINIMUM	MAXIMUM
5. BODY FAT MEASUREMENT		6. BODY FAT STANDARDS: FEMALE - 28% MALE - 20%
7. CHECK APPLICABLE BOX	<input type="checkbox"/> IS WITHIN AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> EXCEEDS AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> 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 RESULTS:

**9 (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 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)

**11. (FOR ALL CADETS/APPLICANTS)**

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:

EXAMINATION DATE	PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE

**AFROTC CADRE:** A DISQUALIFIED DODMERB OR MEPS PHYSICAL SUPERSEDES THIS FORM. A CADET MAY NOT PARTICIPATE IN THE AFROTC PHYSICAL TRAINING PROGRAM IF THEY HAVE A DISQUALIFIED DODMERB OR MEPS PHYSICAL.

DATE	AFROTC CADRE SIGNATURE

**ACCESSION HEIGHT AND WEIGHT STANDARDS & BODY FAT MEASUREMENT (BFM) STANDARDS**  
(Per AFRSI 36-2001, *Recruiting Procedures for the Air Force*)

HEIGHT (INCHES)	POUNDS	
	MINIMUM (BMI = 19 kg/m)	MAXIMUM (BMI = 27.5 kg/m)
58	91	131
59	94	135
60	97	141
61	100	145
62	104	150
63	107	155
64	110	160
65	114	165
66	117	170
67	121	175
68	125	180
69	128	186
70	132	191
71	136	197
72	140	202
73	144	208
74	148	214
75	152	220
76	156	225
77	160	231
78	164	237
79	168	244
80	173	250