**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 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**
   - **IS WITHIN AIR FORCE WEIGHT STANDARDS**
   - **IS BELOW AIR FORCE WEIGHT STANDARDS**
   - **IS ABOVE AIR FORCE WEIGHT STANDARDS**

6. **BODY FAT STANDARDS:**
   - FEMALE - 28%
   - MALE - 20%

7. **CHECK APPLICABLE BOX**
   - IS WITHIN AIR FORCE WEIGHT STANDARDS
   - EXCEEDS AIR FORCE WEIGHT STANDARDS
   - IS BELOW AIR FORCE WEIGHT STANDARDS

8. **MEDICAL AUTHORITY:** PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

   1. (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:

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**PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE**

**EXAMINATION DATE**

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**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.

**AFROTC CADRE SIGNATURE**

**DATE**

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**AFROTC FORM 28, 20120712**
### Table 1. Maximum Allowable Weights for BMI of 27.5 (Regardless of Age) (58 - 80 Inches)

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<th>Height (Inches)</th>
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### Table 2. Minimum Allowable Weights for BMI of 19.0 (58 - 80 Inches)

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