

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 located below. AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW 1308.3, then check the applicable block		
3. CADET/APPLICANT MEASUREMENTS	HEIGHT	WEIGHT
4. AIR FORCE WEIGHT STANDARDS <i>Reference Tables on Page 2</i>	MINIMUM	MAXIMUM
5. BODY FAT MEASUREMENT MALES: WAIST - NECK FEMALES: WAIST + HIP - NECK	<i>Note: To be done if candidate exceeds maximum AF weight</i>	
AIR FORCE BODY FAT STANDARDS	<u>FEMALE</u> 29 YEARS AND YOUNGER - 28% 30 YEARS AND OLDER - 32%	<u>MALE</u> 29 YEARS AND YOUNGER - 20% 30 YEARS AND OLDER - 24%
6. 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	
MEDICAL AUTHORITY CERTIFICATION		
7. (FOR MEDICAL AUTHORITY): PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN AT THE BOTTOM. I, (print name) _____, HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:		
8. (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 ANOREXIA OR BULIMIA EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. _____ (Medical Authority Initials)		
9. (FOR CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS) I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. _____ (Medical Authority Initials)		
10. (FOR ALL) I FOUND / DID NOT FIND (please circle one) MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM.		
11. NOTE: IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN.		
PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE		EXAMINATION DATE

MAXIMUM AND MINIMUM AIR FORCE ALLOWABLE WEIGHT STANDARDS

TABLE 1. MAXIMUM ALLOWABLE WEIGHTS FOR BMI OF 27.5 (REGARDLESS OF AGE) (58 - 80 INCHES)

HEIGHT (INCHES)	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
MAXIMUM WEIGHT (POUNDS)	131	136	141	146	150	155	160	165	170	175	180	186	191	197	202	205	214	220	225	231	237	244	250

TABLE 2. MINIMUM ALLOWABLE WEIGHTS FOR BMI OF 19.0 (58 - 80 INCHES)

HEIGHT (INCHES)	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
MAXIMUM WEIGHT (POUNDS)	91	94	97	100	104	107	110	114	117	121	125	128	132	136	140	144	148	152	156	160	164	168	172