

**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

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.

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:

PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE

EXAMINATION DATE

**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

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	145	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