

Due to the implementation of the new Air Force PT Program in July 2010, there will be a Squadron Wide Baseline PT Test on Saturday, 20 March 2010, at 0830 hours in the Offutt Field House. Participation in this Commanders' Program is mandatory for all active duty personnel associated with the FSS. All participants must be in the AF PT Uniform. The results of this PT Test will not be counted as your annual PT Test unless you identify beforehand that you would like the results to count. All test results will be provided to you under the current AFI 10-248; additionally, test results under the new AFI 36-2905, 1 July 2010, will also be provided to you.

All test results will be reviewed by Lt. Col. Cooper and the First Sergeant. Individuals with non-passing scores and passing scores of 75 - 79.99 will be provided improvement opportunities for a more active lifestyle and improved PT Test Scores.

The Fitness Screening Questionnaire (FSQ) is listed below – this must be completed at least seven days prior to the test and returned on 20 March 2010. If you should have any questions or concerns, please feel free to contact TSgt Medina at 294-8010 or Mr. Montgomery at 294-0644.

Thank you!

FITNESS SCREENING QUESTIONNAIRE

1. Do you have a health condition **not** addressed in a physical profile (AF Form 422) that participating in the PT program/testing could aggravate or that would preclude your safety?

- ☑ Yes Stop here; notify your Unit Fitness Program Manager (FPM) and contact PCM.
- ☑ No Proceed to next question.

2. Do you have any of the following?

- Chest discomfort with exertion
- Unusual shortness of breath
- Dizziness, fainting, blackouts

- ☑ Yes Stop here; notify your UFPM and contact your Primary Care Manager (PCM)
- ☑ No Proceed to next question.

3. Are you 35 years of age or older?

- ☑ Yes Proceed to next question.
- ☑ No Stop here; sign form and return to your UFPM.

4. Do two (2) or more of the following risk factors apply to you?

***Physically inactive**; that is, you have not participated in physical activities of at least a moderate level (i.e., that caused light sweating and slight-to-moderate increases in breathing or heart rate) for at least 30 minutes per session and for a minimum of 3 days per week for at least 3 months

***Smoked cigarettes in the last 30 days**

***Diabetes**

***High blood pressure that is not controlled**

***High cholesterol that is not controlled**

***Family history of heart disease** (developed in father/brother before age 55 or mother/sister before age 65)

***Abdominal circumference > 40" for males; > 35" for females**

***Age > 45 years for males; > 55 years for females**

- ☑ Yes Stop here; notify your UFPM and contact your PCM for evaluation.
- ☑ No Sign form and return to Unit Fitness Program Manager.

You must notify your UFPM (TSgt Medina 294-5414/5413) and see your Primary Care Manager if you have a change in health that may affect your ability to safely participate in unit physical training. AF Reservist will contact the Reserve medical unit (for unit Reservists) or host MTF provider (for IMAs).

Signature: _____ Date: _____
Printed Name: _____ Rank: _____
Duty Phone: _____ Office Symbol: _____

Authority: 10 USC 8013. Routine Use: This information is not disclosed outside DoD. Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.