

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE																																																																								
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>																																																																								
	<p><b>TO BE COMPLETED BY CFL:</b></p> <p>Command: _____ Today's Date: _____ CFL/POC: _____</p> <p>Reason for Referral: Pre-Physical Activity Questionnaire</p> <p><input type="checkbox"/> Heart Condition/Do Only Physical Activity Recommended by Doctor</p> <p><input type="checkbox"/> Chest Pain During Physical Activity</p> <p><input type="checkbox"/> Chest Pain During Rest</p> <p><input type="checkbox"/> Loss of Balance Due to Dizziness or Loss of Consciousness</p> <p><input type="checkbox"/> Bone or Joint Problems that Could Worsen by a Change in Physical Activity</p> <p><input type="checkbox"/> Health Provider Currently Prescribing Drugs for Blood Pressure or Heart Condition</p> <p><input type="checkbox"/> Other Reason: _____</p>																																																																								
	<p><b>TO BE COMPLETED BY ADMR:</b></p> <p>Is this member cleared to participate in any or all of the following portions of the Physical Readiness Program?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="text-align: center;">Cleared to Participate?</th> <th style="width:50%;"></th> </tr> </thead> <tbody> <tr> <td>Sit-reach</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td rowspan="7" style="vertical-align: middle;">If member is not cleared to participate in a portion of the PRT, when does this waiver expire? _____</td> </tr> <tr> <td>Curl-ups</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Push-ups</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>1.5 mile run/walk</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>500 yard swim</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Fitness Enhancement Program</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Command Physical Training</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Body Composition Assessment</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </tbody> </table> <p>“Members on limited duty shall participate in some form of physical activity if recommended by their physician. <b>Medical personnel shall provide guidance on the types of exercises an individual on limited duty may perform, not merely the types that are restricted.</b></p> <p>Which of the following exercises is this member medically cleared to participate in?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Exercise</th> <th style="text-align: center;">Cleared to Participate?</th> <th style="text-align: center;">Recommended time</th> </tr> </thead> <tbody> <tr> <td colspan="3">Aerobic exercise</td> </tr> <tr> <td>- Running/jogging</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>- Treadmill</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>- Bicycling</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>- Stationary bike</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>- Rowing machine</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>- Stair stepper</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>- Aerobics</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">High impact</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="padding-left: 20px;">Low impact</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>- Swimming</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>- Brisk walking</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Strength training</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Flexibility training</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Nutrition/Diet</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">Date _____ AMDR Name/Signature _____</p>		Cleared to Participate?		Sit-reach	<input type="checkbox"/> Yes <input type="checkbox"/> No	If member is not cleared to participate in a portion of the PRT, when does this waiver expire? _____	Curl-ups	<input type="checkbox"/> Yes <input type="checkbox"/> No	Push-ups	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.5 mile run/walk	<input type="checkbox"/> Yes <input type="checkbox"/> No	500 yard swim	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fitness Enhancement Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	Command Physical Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	Body Composition Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No		Exercise	Cleared to Participate?	Recommended time	Aerobic exercise			- Running/jogging	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	- Treadmill	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	- Bicycling	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	- Stationary bike	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	- Rowing machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	- Stair stepper	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	- Aerobics			High impact	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Low impact	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	- Swimming	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	- Brisk walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Strength training	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Flexibility training	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Nutrition/Diet	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Other		
	Cleared to Participate?																																																																								
Sit-reach	<input type="checkbox"/> Yes <input type="checkbox"/> No	If member is not cleared to participate in a portion of the PRT, when does this waiver expire? _____																																																																							
Curl-ups	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																								
Push-ups	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																								
1.5 mile run/walk	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																								
500 yard swim	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																								
Fitness Enhancement Program	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																								
Command Physical Training	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																								
Body Composition Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																								
Exercise	Cleared to Participate?	Recommended time																																																																							
Aerobic exercise																																																																									
- Running/jogging	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
- Treadmill	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
- Bicycling	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
- Stationary bike	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
- Rowing machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
- Stair stepper	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
- Aerobics																																																																									
High impact	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
Low impact	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
- Swimming	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
- Brisk walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
Strength training	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
Flexibility training	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
Nutrition/Diet	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																																																																							
Other																																																																									

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

<b>RECORDS MAINTAINED AT:</b>		
PATIENT'S NAME <i>(LAST, First, Middle Initial)</i>		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH