

CPO Academy Medical Screening Packet

Congratulations on your orders to the Chief Petty Officer Academy! The CPO Academy's curriculum includes a rigorous physical fitness program. Therefore, it is essential that you assess your current physical and mental health in order determine your ability to participate in following:

1. Moderate to vigorous cardiovascular exercises for 150 – 300 minutes per week
2. Strength training for at least 30 minutes per week
3. Experiential learning activities with dynamic movements such as jumping, climbing ladders and balancing
4. Learning activities that can result in elevated levels of stress

Your safety is paramount! It is essential that you determine that you are physically capable of entering training prior to executing your orders. If you have any questions regarding you health please contact you Primary Care Manager (PCM) or our staff with any questions.

Once completed, please scan and email this package to [D11- SMB-TCPet-CPOA-Med@uscg.mil](mailto:D11-SMB-TCPet-CPOA-Med@uscg.mil). If you need to fax them, please contact SCPO Jameson Hannaman in advance at 707-765-7017. Please also bring a copy of all scanned documents with you when you report.

PLEASE DO NOT BRING YOUR HEALTH RECORD.

Altus Tendo,

SCPO CC Clayton
CPO Academy Assistant School Chief
(707) 765-7135

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR –O)

STUDENT NAME: _____

DATE: _____

SIGNATURE: _____

This questionnaire is required for your safety and is to ascertain any health considerations you have that may need attention while attending the Chief Petty Officer Academy. This form must be filled out prior to your participation in any physical assessment. In accordance with the Health Insurance Portability and Accountability Act of 1996 (compliance date April 14, 2003), you have rights and control over the release of your protected health information, and the use of protected health information should be limited to health care operations, treatment and payment. This information will only be shared, on a need to know basis, via authorized email with the staff of the Chief Petty Officer Academy and appropriate medical personnel from TRACEN Petaluma.

Answer each of the following questions by marking the appropriate block.

No	Yes		
No	Yes	1. Has your doctor ever said you have heart trouble?	
No	Yes	2. Do you frequently have chest pains?	
No	Yes	3. Do you often feel faint or have spells of severe dizziness?	
No	Yes	4. Has a doctor ever said your blood pressure was too high?	
No	Yes	5. Has your doctor ever told you that you have a bone or joint problem, such as arthritis that is aggravated by exercise?	
No	Yes	6. Is there a good reason, not mentioned here, why you should not follow an activity program, even if you wanted to?	
No	Yes	7. Are you over the age of 65 <u>and</u> not accustomed to vigorous exercise?	
No	Yes	8. Do you feel unhealthy today?	
No	Yes	9. Are you unable to participate in moderate to vigorous cardiovascular and strength activities for 150 to 300 minutes per week? (Aerobics/running/biking/swimming/strength training)	
		10. Fill in with your most recent lab results. Blood pressure _____ Total Cholesterol _____ Member's Triglycerides _____ Member's LDL _____ Member's HDL _____ Member's Glucose _____ Member's Cholesterol Ratio _____	
No	Yes	Are you fit for full duty (FFD)? If you answer no or have any questions about your limitations please have you PCM complete the Physical Fitness Screening Form attached.	

If you answered YES to any of questions 1-9, please give an explanation in the space provided under each question.

Only have your PCM complete this form if you are not Fit for Full Duty (FFD) or you questions your limitations.

PHYSICAL FITNESS SCREENING FORM FOR: Chief Petty Officer Academy

Information Contained in this communication may be subject to the Privacy Act of 1974 and Health Insurance Portability and Accountability Act.

Name: _____ Rate _____ EMPLID: _____ DOB: _____

UNIT _____ EXAMINING FACILITY _____

PURPOSE OF EXAM _____ LOCATION _____ DATE _____

HEALTH HISTORY (completed by member)

Status of Health in general: circle one _____ Excellent / Good / Fair / Other _____

Medical/Dental Problems? _____ Y/N

Do you have physical limitations? _____ Y/N

Are you pregnant? (request HCG) if necessary _____ Y/N

Are you currently taking medications? _____ Y/N

Have you been hospitalized since your last physical _____ Y/N

Explain any YES/Other answer to this questionnaire.

Signature of member: _____

PHYSICAL EXAMINATION REVIEW

Date and type of current approved physical: _____

Status of recommendations or further specialist examination: _____

PAR Q Questionnaire reviewed and appropriate action taken: _____

HEALTH RECORD REVIEW

Member able to participate in moderate to vigorous cardiovascular and strength activities for 150 to 300 minutes per week (aerobics/running/biking/swimming/strength training)

Y/N

Member's Blood Pressure _____ / _____ s/st/r circle as appropriate

Is member hypertensive? _____ Y/N

Is member's Blood Pressure controlled by medications? _____ Y/N

Member's Total Cholesterol _____

Member's Triglycerides _____

Member's LDL _____

Member's HDL _____

Member's glucose _____

Member's Cholesterol Ratio _____

I have examined this patient and he/she IS/IS NOT fully capable of participating in all physical aspects of the CPO ACADEMY.

Approve/Disapprove

Medical Officer/IDHS Signature and Stamp : _____

Command Approval Signature and Title: _____

