

PARACHUTIST PHYSICAL FITNESS TEST
(Protected B when completed)

SECTION A: SERVICE PARTICULARS

Surname	Init	SN	Unit	UIC	Tel
Rank	DOB (day/month/year)		Age	Gender	

SECTION B: HEALTH APPRAISAL QUESTIONNAIRE

This questionnaire is a screening device to identify personnel for whom fitness evaluation and physical activity might be inappropriate at this time.

To the best of your knowledge:

- Do you have a medical condition which restricts you from participating in a fitness evaluation or a progressive training program? Yes ___ No ___
- Do you have arthritis or any other recurring problems with your shoulders, elbows, wrists, pelvis, back, hips, knees, ankles or feet, which may prevent you from participating in a fitness evaluation or a progressive training program? Yes ___ No ___
- Do you experience pain, tightness, squeezing or a heaviness in your chest when you exercise? Yes ___ No ___
- Do you ever get dizzy or faint when you exercise? Yes ___ No ___
- Have you ever had a heart attack a stroke or other heart-related problems? Yes ___ No ___
- Do you suffer from such things as asthma, bronchitis, emphysema, diabetes, hypoglycemia, epilepsy, high blood pressure, or cancer? Yes ___ No ___
- Are you pregnant or do you believe that you might be? Yes ___ No ___
- Are you taking medication (prescribed or otherwise) that could affect your ability to undertake a fitness evaluation? Yes ___ No ___

If YES, please provide the name of the medication(s) _____

- Is there any other reason you would like to talk to a physician prior to your fitness evaluation or training program? Yes ___ No ___

I HAVE READ, UNDERSTOOD, AND COMPLETED THIS QUESTIONNAIRE. ANY QUESTIONS I HAD WERE ANSWERED TO MY SATISFACTION.

Signature of Parachutist Applicant: _____ **Date:** _____

OBSERVATIONS:			
Difficulty breathing at rest:	Yes	_____	No _____
Coughs persistently:	Yes	_____	No _____
Ill or has a fever:	Yes	_____	No _____
Lower extremity swelling:	Yes	_____	No _____
Ignored preliminary instructions:	Yes	_____	No _____

VITAL SIGNS:	
Resting Heart Rate (beats/min):	_____
Resting Blood Pressure: Systolic _____ Diastolic _____	

SECTION C: TEST RESULTS

- Chin-ups: _____ (# completed) Pass: _____ Fail: _____
- Sit-ups: _____ (# completed) Pass: _____ Fail: _____
- 1 Mile Run Time: _____ (min/sec) Pass: _____ Fail: _____
- 600m Shuttle run time: _____ (min/sec) Pass: _____ Fail: _____
(alternate test)

MET MIN STD ON EACH TEST ITEM: Yes: ___ No ___

CFPSA Fitness and Sport Instructor Signature: _____ Date: _____

Signature of Parachutist Applicant: _____ Date: _____