**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**

4. **AIR FORCE WEIGHT STANDARDS**
   (found on reverse)

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.

<table>
<thead>
<tr>
<th></th>
<th>MINIMUM</th>
<th>MAXIMUM</th>
</tr>
</thead>
</table>

9. **(IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)**

   I CERTIFY THIS CADET/APPLICANT’S LEAN BODY MASS POSSES 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:

    __________________________

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**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**

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**AFROTC FORM 28, 20120712**
MAXIMUM AND MINIMUM AIR FORCE ALLOWABLE WEIGHT STANDARDS

**TABLE 1. MAXIMUM ALLOWABLE WEIGHTS FOR BMI OF 27.5 (REGARDLESS OF AGE) (58 - 80 INCHES)**

<table>
<thead>
<tr>
<th>HEIGHT (INCHES)</th>
<th>58</th>
<th>59</th>
<th>60</th>
<th>61</th>
<th>62</th>
<th>63</th>
<th>64</th>
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<th>75</th>
<th>76</th>
<th>77</th>
<th>78</th>
<th>79</th>
<th>80</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAXIMUM WEIGHT (POUNDS)</td>
<td>131</td>
<td>136</td>
<td>141</td>
<td>145</td>
<td>150</td>
<td>155</td>
<td>160</td>
<td>165</td>
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<td>220</td>
<td>225</td>
<td>231</td>
<td>237</td>
<td>244</td>
<td>250</td>
</tr>
</tbody>
</table>

**TABLE 2. MINIMUM ALLOWABLE WEIGHTS FOR BMI OF 19.0 (58 - 80 INCHES)**

<table>
<thead>
<tr>
<th>HEIGHT (INCHES)</th>
<th>58</th>
<th>59</th>
<th>60</th>
<th>61</th>
<th>62</th>
<th>63</th>
<th>64</th>
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<th>75</th>
<th>76</th>
<th>77</th>
<th>78</th>
<th>79</th>
<th>80</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAXIMUM WEIGHT (POUNDS)</td>
<td>91</td>
<td>94</td>
<td>97</td>
<td>100</td>
<td>104</td>
<td>107</td>
<td>110</td>
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<td>164</td>
<td>168</td>
<td>172</td>
</tr>
</tbody>
</table>