

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

USCG BODY COMPOSITION PILOT PHYSICAL FITNESS TEST PRE-SCREENING FORM

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: Body Composition Standards Program COMDTINST 1020.8 (series); U.S. Coast Guard Boat Operations and Training (BOAT) Manual Volume II, COMDTINST M16114.33 (series)

PURPOSE: To assess a United States Coast Guard (USCG) military member's physical fitness prior to beginning an exercise program or test.

ROUTINE USES: Authorized USCG officials will use this information to determine if an individual has any health issues that prevents them from initiating an exercise program or test. Any external disclosures of information within this record will be made in accordance with DHS/USCG-011 Military Personnel Health Records System, 73 Federal Register 77773, December 19, 2008, and DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933, October 28, 2011.

DISCLOSURE: The information collected on this form is part of your USCG military service requirements.

You are being asked these questions for your safety and health. The USCG Boat Crew Fitness Test is a maximum-effort test. Coast Guardsmen who have not been exercising regularly and/or have other risk factors for a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. Answering these questions honestly is in your best interest.

1. Have you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for unrestricted participation in a physical training program?
 - a. Unexplained chest discomfort with or without exertion
 - b. Unusual or unexplained shortness of breath
 - c. Dizziness, fainting, or blackouts associated with exertion
 - d. Other medical problems that have not been evaluated, optimally treated, or not already addressed by being placed on Available For Limited Duty (AFLD) or Temporary Limited Duty (TLD), that may prevent you from safely participating in this test (e.g. heart disease, sickle cell trait, asthma, acute or chronic musculoskeletal issues, etc.)
 - e. Family history of sudden death before the age of 50 years

YES: Stop. You will need a medical evaluation. Sign the form and provide it to your supporting Independent Duty Health Services Technician.

NO: Proceed to the next question.

2. Are you 35 years of age or older?

YES: Proceed to the next question.

NO: Stop. Sign the form and provide it to your supporting Independent Duty Health Services Technician. You will be told if you are cleared to take the Boat Crew Test.

3. Have you engaged in vigorous physical activity (i.e. activity causing sweating and moderate to marked increases in breathing and heart rate) averaging at least 30 minutes per session, at least 3 days per week, over at least the last 2 months?

YES: Stop. Sign the form and provide it to your supporting Independent Duty Health Services Technician. You will be told if you are cleared to take the Boat Crew Test.

NO: Proceed to the next question.

4. Do one (1) or more of the following risk factors apply to you?
- a. Smoked tobacco products in the last 30 days
 - b. Diabetes
 - c. High blood pressure that is not controlled
 - d. High cholesterol that is not controlled
 - e. Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)
 - f. You are 45 years of age or older (males), or 55 years of age or older (females)
- YES:** Stop. You will need a medical evaluation. Sign the form and provide it to your supporting Independent Duty Health Services Technician.
- NO:** Stop. Sign the form and provide it to your supporting Independent Duty Health Services Technician. You will be told if you are cleared to take the Boat Crew Test.

MEMBER'S CERTIFICATON

"I certify that the information I have provided is true to the best of my understanding."

Signature:		Date:
Printed Name:		Rank:
Duty Phone:	Duty Email Address:	