

AF/SF JROTC Supplemental Participation Form**UNIT: GA-064****SY: 2027****Privacy ACT Statement**

AUTHORITY: 10 U.S.C. 102, Junior Reserve Officers' Training Corps; DoD Instruction 1205.13, Junior Reserve Officers' Training Corps Program.

PRINCIPAL PURPOSE: This form supplements the DD Form 3203, *Junior Reserve Officers' Training Corps Student Code of Conduct and Parent/Guardian Consent Form*. It outlines how cadet data is maintained within the AF/SF JROTC program and gathers necessary health-related information prior to participation in the AF/SF JROTC Cadet Health/Wellness Program. This form is for internal use only and will only be viewed by instructor(s).

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of personal information may result in disciplinary action, criminal and/or civil penalties. Dissemination is limited only to individuals who have a direct need-to-know to include cadet, parent/guardian, AF/SF JROTC instructor(s), school administrators, health professionals and HQ AFJROTC officials.

DISCLOSURE: Voluntary. However, failure to fully complete requested information may render student ineligible to participate in the AF/SF JROTC program.

PART I – MAINTAINING CADET DATA:

Participation in the AF/SF JROTC program is voluntary. Certain types of cadet data are compiled, entered, and tracked in the AF/SF JROTC database by other cadets (students) in the program. This data is limited to program-specific information such as physical fitness test scores, participation in community service events, Curriculum in Action trips, competitions and other AF/SF JROTC activities, rank/promotion data, awards/decorations data, and uniform issuance data. All personally identifiable data such as date of birth, gender, race and ethnicity is maintained and protected in a separate section of the database that is ONLY accessible to instructors, NOT cadets.

PARENT/GUARDIAN: Your signature on Page 2 affirms acknowledgement/understanding of how cadet data is maintained in the AF/SF JROTC database.

PART II – HEALTH SCREENING QUESTIONNAIRE:

The AF/SF JROTC Cadet Health/Wellness Program is designed to help cadets establish a healthy lifestyle and improve their physical fitness. All health/wellness sessions will be supervised and monitored by at least one instructor. These sessions may include walking, running, calisthenics, and other fitness-related activities. All AF/SF JROTC instructors have been trained in administering CPR if needed. It is mandatory to complete the health screening questionnaire prior to participating in the AF/SF JROTC Cadet Health/Wellness Program.

PARENT/GUARDIAN: Your signature on Page 2 affirms the permission given on the DD Form 3203, *Junior Reserve Officers' Training Corps Student Code of Conduct and Parent/Guardian Consent Form* and identifies any health-related conditions that the AF/SF JROTC instructor(s) should monitor. ***It is your responsibility to inform the AF/SF JROTC instructor(s) of any changes in your child's health that should keep them from participating in the AF/SF JROTC Cadet Health/Wellness Program.*** Finally, in the event of a medical problem, you understand that any medical care that may be required is not the responsibility of AFJROTC.

Controlled by: OUSD(P&R)
 Controlled by: HQ AFJROTC
 CUI Category: HLTH
 Limited Dissemination Control: DL ONLY
 POC: JRO, jrotc.jro@au.af.edu

CADET: Return completed questionnaire to your AF/SF JROTC instructor(s) and advise them if you responded "Yes" to any question. Additional information for any question may be added to item number 8.

(Circle one)

1. Has there been any significant change to your health in the past 6 months?YES - NO
2. Are you currently on a medical profile exempting you from PT activities?YES - NO
3. Has a physician ever indicated you have heart disease, heart or breathing troubles?YES - NO
 - A. Do you suffer from pains in your chest, especially with physical activity?YES - NO
 - B. Do you feel faint or have dizzy spells during or after physical activity?YES - NO
 - C. Do you have shortness of breath related to asthma or any other exercise-induced condition?.....YES - NO
4. Have you experienced a significant weight change in the past 6 months?YES - NO
If "YES," circle and indicate estimated amount: Gained / Lost _____ lbs.
5. Have you ever been diagnosed or displayed symptoms of heat stress?YES - NO
6. Do you take any dietary, herbal or nutritional supplements, including energy drinks, which contain any of the following: Ephedra/Ephedrine, Guarana, Phenylephrine, Pseudoephedrine?YES - NO
If "YES" please list: _____
7. Do you have any other medical issues that may cause safety concerns during physical exercise?YES - NO
(i.e., allergies, pregnancy, etc.)

If "YES" please list: _____
8. Please use this area to provide additional information for any of the above questions. Please reference the respective question number for any/all comments.

PART III – ACKNOWLEDGEMENT:

By signing below, I certify that I have reviewed the form and acknowledge/understand how cadet data is maintained in the AF/SF JROTC database. I also certify that the information provided in the health screening questionnaire is accurate.

CADET NAME (Last, First, MI)	
PARENT/GUARDIAN NAME (Last, First, MI)	
PARENT/GUARDIAN SIGNATURE	DATE SIGNED (YYYYMMDD)