

PHYSICAL FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER

SECTION 1

Completed by Member

A. Command	B. UIC/RUIC	C. CFL/POC	D. CFL Telephone No.
E. Reason for Referral	Positive PARFQ Screening Yes No	Injury/Illness Yes No	

SECTION 2

Completed by Treating Provider **OR** AMDR

A. PRT Waiver Recommended	Push-Ups Yes No	Forearm Plank Yes No	1.5 mile run/walk Yes No
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B. Cardio Event Modification Clearance

Cardio Waiver is **NOT REQUIRED** if member is cleared for at least one modification **unless** command is not authorizing alternate cardio event(s).

CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS
Yes No	Treadmill	
Yes No	Rower	
Yes No	Stationary Bike	
Yes No	Swim	

C. Physical Training Clearance

Indicate if member is cleared to participate in the following physical training activities. If 'No', comment is required and light duty chit should be provided.

CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS
Yes No	Command Physical Training/ Fitness Enhancement Program	
Yes No	Individual Physical Training	

D. AMDR/Treating Provider Name	E. AMDR/Treating Provider Signature	F. Date
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SECTION 3

Completed by Treating Physician and AMDR/AMDR Supervising Physician

A. BCA Waiver Recommended (Requires two physician signatures)

Waiver Yes No	First Physician Signature (AMDR/Treating Physician)	Second Physician Signature (AMDR/AMDR Supervisor)
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B. Reason IAW OPNAVINST 6110.1 (series)	Inability to obtain BCA measurement	Medical Treatment/Therapy
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SECTION 4

Final Waiver Recommendation, Completed by AMDR only

A. Member Cleared for full PFA Yes No	B. PRT Waiver Recommended If yes, please specify the PRT event(s) Yes No	Push-Ups Forearm Plank 1.5 mile run/walk (Cardio Event)
C. BCA Waiver Recommended Yes No	D. Is this a second consecutive waiver for the same medical condition? Yes No Not applicable	E. Waiver Expiration Date
F. AMDR Name	G. AMDR Signature	H. Date

SECTION 5

CO Endorsement Required Prior to Input into PRIMS

A. Waiver Status				
Number Waivers in last 4 years	Meets MEB Requirements Yes No	CFL Signature	Date	
B. PRT Waiver Approved Yes No	C. BCA Waiver Approved Yes No	D. Member CO/OIC Signature	E. Date	

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

PATIENT'S NAME (Last, First, Middle Initial)	SEX
DODID/EDIPI	RANK/GRADE
RECORDS MAINTAINED AT	DATE OF BIRTH