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	Expired PHA	Age >= 50 years	No PRT in last year	Injury/Illness
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

SECTION 2
Completed by AMDR/Treating Provider

A. PRT Waiver

Curl-Ups	Push-Ups	Cardio Event	Waiver Expiration Date
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

B. PRT Modifications

CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS
☐ Yes ☐ No	Treadmill	
☐ Yes ☐ No	Elliptical Trainer	
☐ Yes ☐ No	Stationary Bike	
☐ Yes ☐ No	Swim	
CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS
☐ Yes ☐ No	Command Physical Training/Fitness Enhancement Program	
☐ Yes ☐ No	Individual Physical Training	

C. AMDR/Treating Provider Name	D. AMDR/Treating Provider Signature	E. Date

SECTION 3
Completed by Treating Physician and AMDR/AMDR Supervisor

A. BCA Waiver (Requires two signatures if granted)

Waiver	AMDR/Treating Physician Signature	AMDR/AMDR Supervisor Signature
☐ Yes ☐ No		

B. Reason IAW OPNAVINST 6110.1 (series)	C. BCA Waiver Expiration Date
☐ Inability to obtain BCA measurement ☐ Medical Treatment/Therapy	

SECTION 4
Completed by AMDR

A. Member Cleared	B. PRT Waiver Recommended	C. BCA Waiver Recommended	D. Is member in LIMDU	E. LIMDU Expiration Date
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

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	CFL Signature	Date
	☐ Yes ☐ No		
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
SSN / IDENTIFICATION NO.	STATUS	RANK/GRADE
RECORDS MAINTAINED AT		DATE OF BIRTH