

RISK FACTOR WORKSHEET

NAVMC 11639 (08-01) (EF)

FOUO - Privacy Sensitive when filled in.

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (5 U.S.C. 552a/Public Law 93-579), this Notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5041, Headquarters, Marine Corps, 10 U.S.C. 5013, 37 U.S.C. 5201, and E.O. 9397

PRINCIPAL PURPOSE: Information collected by this form will be used to maintain military appearance data. The collection and maintenance of this information is authorized and governed by Privacy Act System of Records Notice MFD0003 MARINE CORPS TOTAL FORCE SYSTEM (MCTFS), posted at <http://www.defenselink.mil/privacy/notices/usmc/MFD0003.html>.

RETENTION: The collected information will be maintained in the MCTFS database with restricted, limited access permissions and PKI/password protections in place. Records in this file system will only be retrieved by the record subject's name and social security number. Records will be maintained for five years and will then be destroyed pursuant to provisions set forth in SECNAV M-5210.1; Subj: DON RECORDS MANAGEMENT PROGRAM.

ROUTINE USES: The only routine uses that apply are those published in Privacy Act System of Records Notice MFD00003 and the blanket routine uses published by the Department of Defense Privacy Office and posted at <http://www.defenselink.mil/privacy/notices/blanket-uses.html>.

DISCLOSURE: Providing information on this form is mandatory.

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NAME (LAST, FIRST, M.I.):		SSN (LAST 4):		
COMMAND:	SECTION:	PHONE:		
SECTION A: (COMPLETED BY THE MARINE)			YES	NO
(1) ARE YOU IN COMPLIANCE WITH MEDICAL PHYSICAL EXAMINATION REQUIREMENTS FOR YOUR AGE?			<input type="checkbox"/>	<input type="checkbox"/>
(2) DATE OF LAST PERIODIC PHYSICAL EXAMINATION:				
SECTION B: (COMPLETED BY THE MARINE)			YES	NO
(1) DO YOU HAVE A HISTORY OF HEART DISEASE OR HIGH BLOOD PRESSURE WHICH REQUIRES YOU TO RESTRICT PHYSICAL ACTIVITY OR SEEK MEDICAL TREATMENT?			<input type="checkbox"/>	<input type="checkbox"/>
(2) SINCE YOUR LAST PERIODIC PHYSICAL EXAMINATION, SEMI-ANNUAL RISK FACTOR SCREENING, OR PFT/CFT, HAS				
A. A CHANGE IN YOUR HISTORY OF HEART DISEASE OR HIGH BLOOD PRESSURE WHICH REQUIRED YOU TO RESTRICT PHYSICAL ACTIVITY OR SEEK MEDICAL TREATMENT?			<input type="checkbox"/>	<input type="checkbox"/>
B. A CHANGE IN YOUR FAMILY HISTORY SUCH AS IMMEDIATE FAMILY MEMBERS EXPERIENCING A HEART ATTACK OR DIED OF HEART DISEASE BEFORE THEY WERE 45 YEARS OLD?			<input type="checkbox"/>	<input type="checkbox"/>
C. A CHANGE IN YOUR INCIDENCE OF DISCOMFORT TO YOUR CHEST, ARMS, OR NECK WHILE EXERCISING?			<input type="checkbox"/>	<input type="checkbox"/>
D. AN INCIDENT WHERE YOU WERE PRONE TO HEAT EXHAUSTION/HEAT STROKE, FEELING FAINT, OR FEELING THAT YOU WERE ABOUT TO LOSE CONSCIOUSNESS?			<input type="checkbox"/>	<input type="checkbox"/>
E. A CHANGE IN ANY MEDICAL CONDITION (E.G., DIABETES, ASTHMA, BONE OR JOINT DISEASE) WHICH YOU THINK MIGHT LIMIT YOUR PARTICIPATION IN THE PFT?			<input type="checkbox"/>	<input type="checkbox"/>
F. A SIGNIFICANT WEIGHT CHANGE?			<input type="checkbox"/>	<input type="checkbox"/>
G. A CHANGE IN YOUR SMOKING HABITS SUCH THAT YOU NOW SMOKE ONE OR MORE PACKS OF CIGARETTES DAILY?			<input type="checkbox"/>	<input type="checkbox"/>
MARINE'S SIGNATURE		DATE:		
SECTION C: (COMPLETED BY THE APPROPRIATELY PRIVILEGED HEALTH CARE PROVIDER (M.O.) IF REQUIRED)				
DATE OF MEDICAL EVALUATION:			YES	NO
(1) THE MARINE MEETS BCP STANDARDS			<input type="checkbox"/>	<input type="checkbox"/>
REMARKS:				
(2) THE MARINE ANSWERED 'YES' TO QUESTIONS IN SECTION (B)			<input type="checkbox"/>	<input type="checkbox"/>
REMARKS:				
SECTION D: (COMPLETED BY THE APPROPRIATELY PRIVILEGED HEALTH CARE PROVIDER (M.O.) IF REQUIRED)				
(1) MEDICAL RECOMMENDATION: REFERRED FOR FURTHER MEDICAL CONSULTATION (E.G., PSYCHOLOGY, NUTRITION, INTERNAL MEDICINE, PHYSICAL THERAPY)			<input type="checkbox"/>	<input type="checkbox"/>
REMARKS:				
(2) CLEARED FOR PARTICIPATION IN PFT/CFT			<input type="checkbox"/>	<input type="checkbox"/>
REMARKS:				
SIGNATURE OF M.O.		DATE:		
PRINTED NAME:		PHONE:		
COMMAND:		UNIT:		