AF/SF JROTC Supplemental Participation Form

UNIT: SC--20081
SY: 2026

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.

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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.

(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: _____

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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)